

# MEDDIC-MS Data Book

*Medicaid Encounter Data Driven Improvement Core Measure Set*

## Vol. 3. 2002 HMO-Specific Performance Data Wisconsin Medicaid and BadgerCare Programs

Wisconsin Department of Health and Family Services  
Division of Health Care Financing, Bureau of Managed Health Care Programs

February 2004



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## *Medicaid Encounter Data Driven Improvement Core Measure Set*

*Volume 3: 2002 HMO-Specific Performance Data*

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For results on non-clinical performance measures, please see Vol. 1, 2002 HMO Aggregate Performance Data, Wisconsin Medicaid and BadgerCare Programs. The non-clinical measures included in that report include:

Satisfaction with HMO customer service (CAHPS® survey item)  
 Satisfaction with receiving mental health/substance abuse care (CAHPS® survey item)  
 Satisfaction with mental health/substance abuse care (state-specific survey)

Vol. 2 of the MEDDIC-MS Data Book, "2002 HMO Performance Data Medicaid Program Data and BadgerCare Program Data Compared," presents data on the performance measures specific to services for enrollees in Medicaid and BadgerCare as separate programs.

## Introduction and Background

Quality improvement pioneer W. Edwards Deming said, "You can't manage what you can't measure." His observation referring to data-driven quality improvement in manufacturing applies equally to health care.

In its 2002 book, ***Leadership by Example: Coordinating Government Roles in Improving Health Care Quality***, the Institute of Medicine called for standardized, accurate, real-time performance measures for health care, particularly for publicly-funded programs. For example, it recommended:

- Measures "derived from computerized data and public reporting of comparative quality information."
- "Providers should not be burdened with reporting the same patient-specific performance data more than once to the same government agency."
- "Finally, effective performance measurement demands real-time access to sufficient clinical detail and accurate data. By the time retrospective performance measures reach decision-makers, it is too late for them to be useful. The current health information environment is far too fragmented, technologically primitive, and overly dependent on paper medical records."

In addition to being central to effective public health policy, as described by the Institute, standardized performance measures are required for all state Medicaid managed care programs by federal law. Specifically, 42 CFR §438.240(c) requires that states monitor health maintenance organization (HMO) performance using standardized performance measures and that HMOs submit data necessary for the performance measures to operate.

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set) is Wisconsin's set of standardized performance measures for Medicaid and BadgerCare (the State Children's Health Insurance Program, SCHIP) managed care. Use of MEDDIC-MS was approved by the Centers for Medicare and Medicaid Services (CMS) as part of its review of the state's quality improvement strategy in August 2003. In October 2003, the Agency for Healthcare Research and Quality (AHRQ) recognized MEDDIC-MS for inclusion in the National Quality Measures Clearinghouse (NQMC®). To view the measure summaries on the NQMC, go to:

<http://www.qualitymeasures.ahrq.gov/resources/measureindex.aspx> and scroll down to "State of Wisconsin."

## MEDDIC-MS

The **Medicaid Encounter Data Driven Improvement Core Measure Set**, is a new performance measurement system for Wisconsin's Medicaid and BadgerCare (SCHIP) HMO programs. It consists of two sets of measures; Targeted Performance Improvement Measures (TPIM), which focus on high priority areas identified by stakeholders and monitoring measures, most of which are utilization measures. The TPIMs are more detailed in structure than the monitoring measures, and include rationale, managed care reference data, and performance goals. They also include performance improvement requirements that apply when performance goals are not achieved.

Innovations in program-wide performance management include:

- **Reporting:** HMOs are no longer required to submit reports on performance measures. This allows participating HMOs to devote more resources to performance improvement initiatives and reduces administrative cost and complexity.
- **Encounter data-driven measures:** MEDDIC-MS is a fully automated system, utilizing HMO encounter data and other State-controlled electronic data sources. This significantly reduces costs associated with data acquisition and eliminates data contamination caused by inaccurate patient-supplied history. Medical record review continues to be used for data validity audits, ambulatory quality of care audits, and cases where HMOs wish to augment encounter data and special audit functions.
- **Data extraction and measure calculation:** The Department of Health and Family Services (DHFS) extracts data for each measure and calculates each HMO's performance on the measure through a third party data services vendor. This facilitates greater consistency, completeness and accuracy in calculation of the measures than having each HMO calculate its own rates.
- **Customer/vendor relationship:** Traditional managed care performance measurement allows each HMO (vendor) to report its own performance. MEDDIC-MS corrects this problem.
- **Speed, relevance and trending:** Measures can be calculated as needed and in time frames other than traditional calendar year reporting.
- **Measure set flexibility:** MEDDIC-MS can be adjusted quickly to meet changing program needs and to refine the measures.
- **Accuracy:** MEDDIC-MS specifications use validated encounter data and, in some measures, other state-controlled data sources such as lead screen and immunization data from the Division of Public Health.
- **Performance improvement goals:** Performance goal setting is designed to first establish baseline levels using MEDDIC-MS technical specifications and then through a collaborative process, establish realistic intermediate goals for subsequent years to "ramp up" program-wide performance on the TPIMs.

- **Constancy of mission:** MEDDIC-MS includes Targeted Performance Improvement Measure (TPIM) topics that have been in use for the past five years, but they have been modified to work in the automated encounter data environment and new topics have been added. The *monitoring measures* included in MEDDIC-MS are consistent with the topics used in the past and they have been modified to work in the encounter data environment.

MEDDIC-MS was developed with input and assistance from a variety of stakeholders. Testing and development of initial baseline rates on selected measures was completed in July 2002. The system was implemented for performance measurement program-wide between July and October 2003.

Complete technical specifications for the MEDDIC-MS measures are available upon request. Contact: Gary R. Ilminen, RN at (608) 261-7839 or [ILMINGR@DHFS.STATE.WI.US](mailto:ILMINGR@DHFS.STATE.WI.US).

This booklet presents performance rate data for each HMO on all MEDDIC-MS performance measures based on 2002 data.

## **Care Analysis Projects**

Since 2001, the Department has implemented an innovative program-wide proactive approach to performance improvement called Care Analysis Projects (CAP). Through CAP, enrollee-specific health care needs are identified and the data about those needs are shared with the enrollee's HMO. In this way, the Department seeks to assist in quality improvement by allowing HMOs and providers to focus outreach on individuals with unmet needs.

CAP focuses on several chronic conditions and on the provision of key preventive services. Chronic conditions included are congestive heart failure, asthma, and diabetes. Preventive health services include lead screening and prenatal risk assessment.

MEDDIC-MS and CAP work together. CAP provides data-driven targeted intervention and MEDDIC-MS allows accurate, real-time performance assessment.

For more detail on this, see **"Volume 1, 2002 HMO Aggregate Performance Data, Wisconsin Medicaid and BadgerCare Program."**

## **HMO Performance Improvement Projects**

Since the early 1990's the HMO contract has required HMOs to complete at least two performance improvement projects in each calendar year and submit reports about them to the DHFS annually. Analysis of those showed that between 1997 and 2000, 73 percent of HMO interventions on topics of performance improvement projects resulted in some degree of improvement.

### **Key to HMOs for Individual HMO charts:**

AHP Atrium Health Plan  
DHP Dean Health Plan\*  
GHC Group Health Cooperative-South Central\*  
GHE Group Health Cooperative-Eau Claire  
HTP Health Traditions Health Plan  
MCP MercyCare Insurance Corporation\*  
MHS Managed Health Services  
NHP Network Health Plan  
SHP Security Health Plan\*  
THP TouchPoint Health Plan\*  
UHC United Healthcare\*  
UHP Unity Health Plans\*  
VHP Valley Health Plan

\*This HMO is fully accredited by the National Committee for Quality Assurance (NCQA®) and has qualified for participation in the Department of Health and Family Services HMO Accreditation Incentive Program.

Note: Five HMOs that were included in the 1999 Medicaid survey no longer participate in Medicaid or BadgerCare. Also, the HMO formerly known as Greater LaCrosse Health Plan is now Health Traditions. The HMO formerly known as Primecare is now known as United Healthcare.

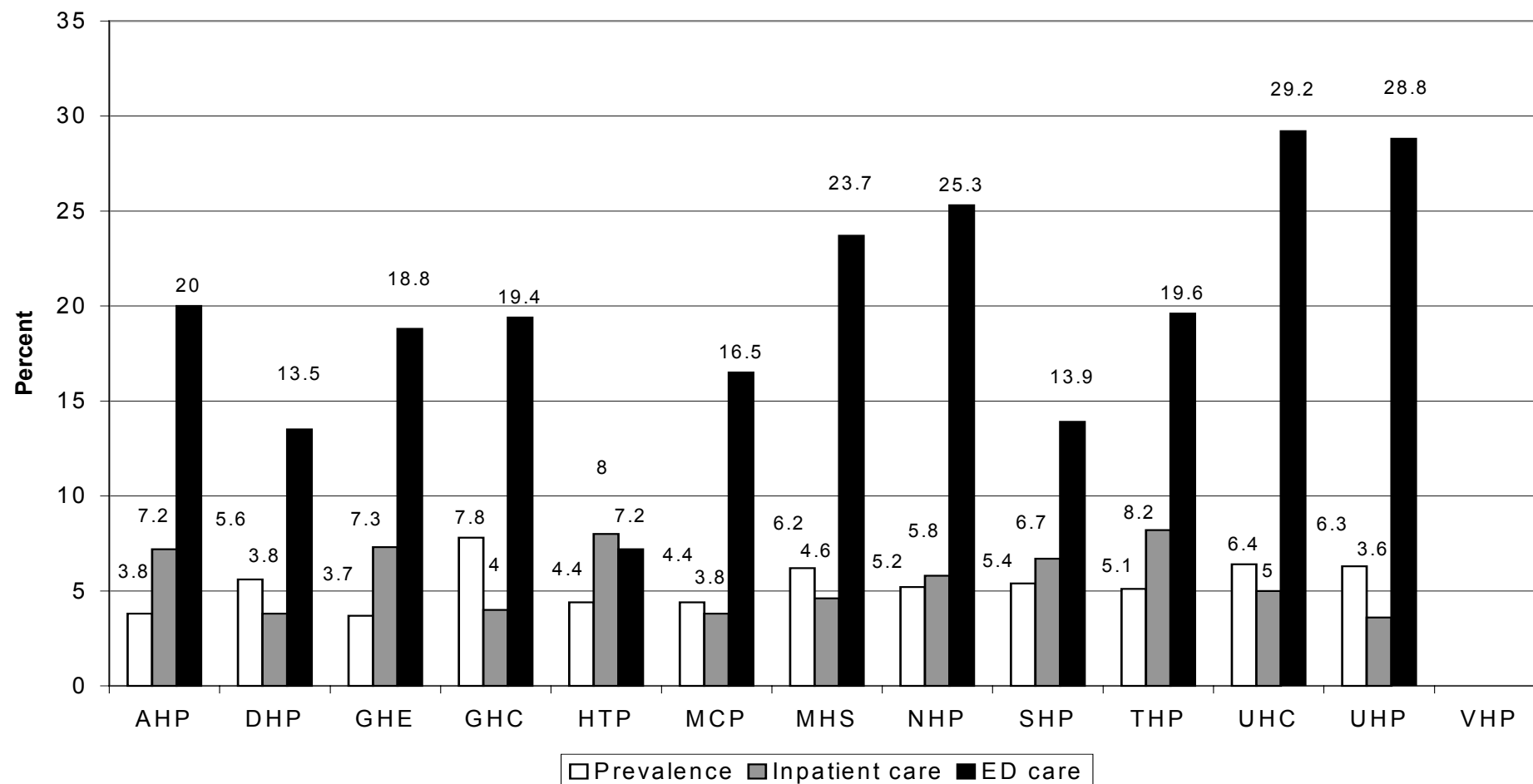


## Results on Clinical Performance Measures

# Asthma care

Monitoring measure

MEDDIC-MS 2002, HMO-Specific Asthma Care, Age 0-20 years

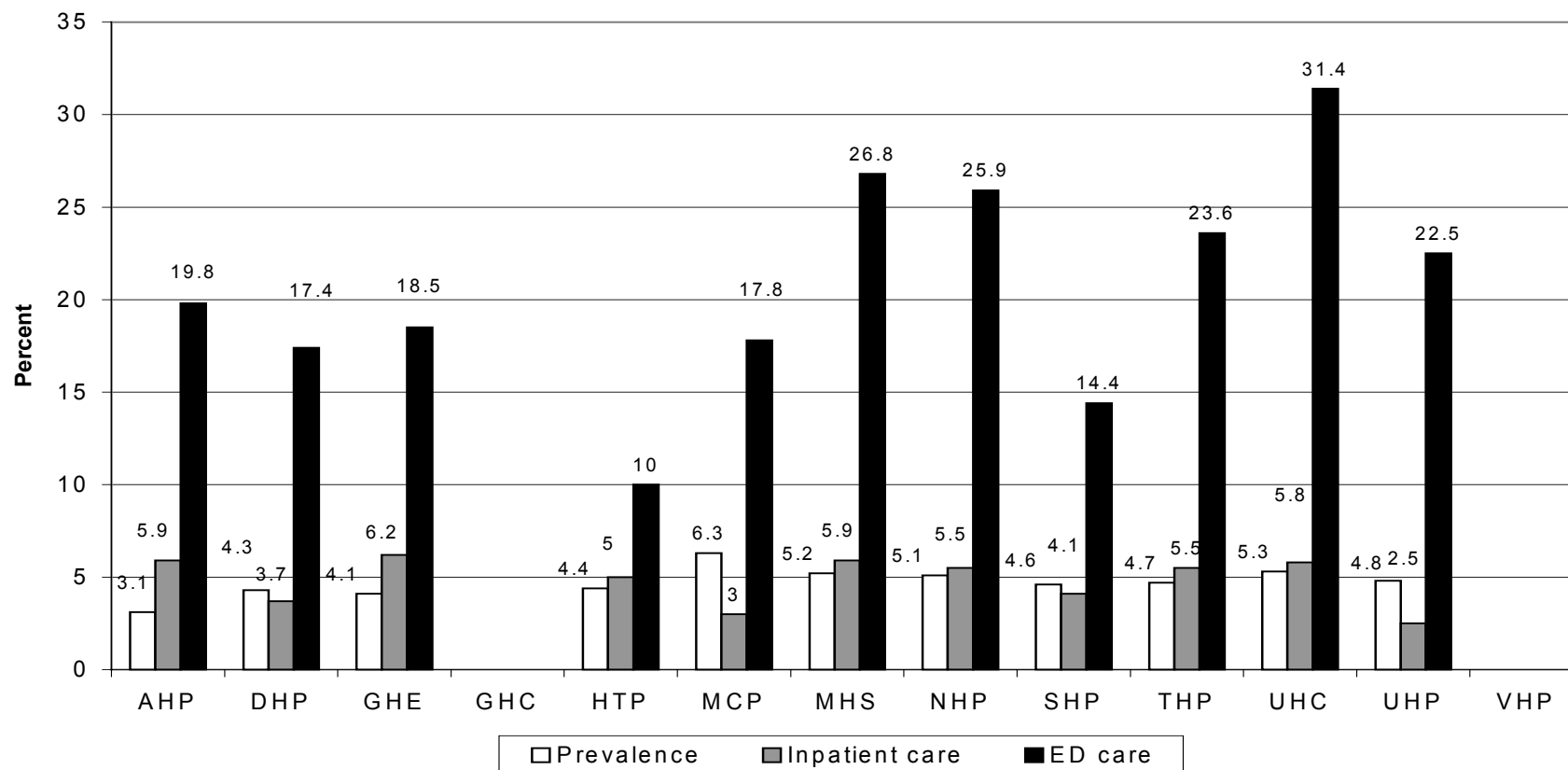


Please refer to p. 8 for a key to the HMO abbreviations. ED refers to emergency department care.

# Asthma care (continued)

Monitoring measure

MEDDIC-MS 2002, HMO-Specific, Asthma Care, Age 21+ Years

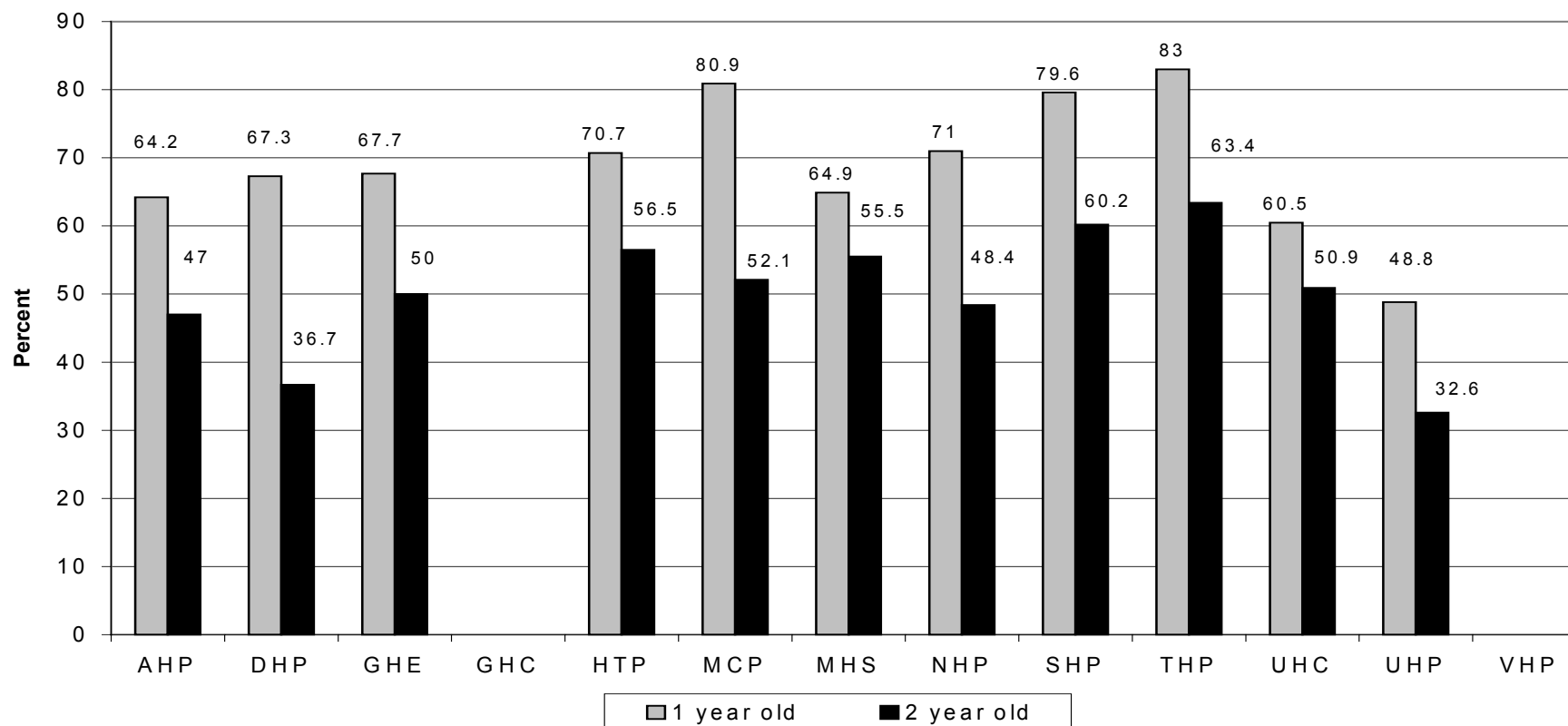


**Overall averages (all ages):** Asthma prevalence: 5.4 percent; inpatient care: 5.4 percent, emergency department (ED) care: 24 percent. **Note to Asthma Monitoring Measure charts:** Valley Health Plan (VHP) had fewer than 30 enrollees in the 0-20 years of age denominator, so no value is shown. Group Health Cooperative-South Central (GHC) and VHP had fewer than 30 enrollees in the 21+ years of age denominator so no value is shown. Please refer to p. 8 for a key to the HMO abbreviations.

## Blood lead toxicity screening

*Targeted performance improvement measure*

**MEDDIC-MS 2002, Lead Toxicity Screening, 1 & 2 Year Olds, HMO-Specific**

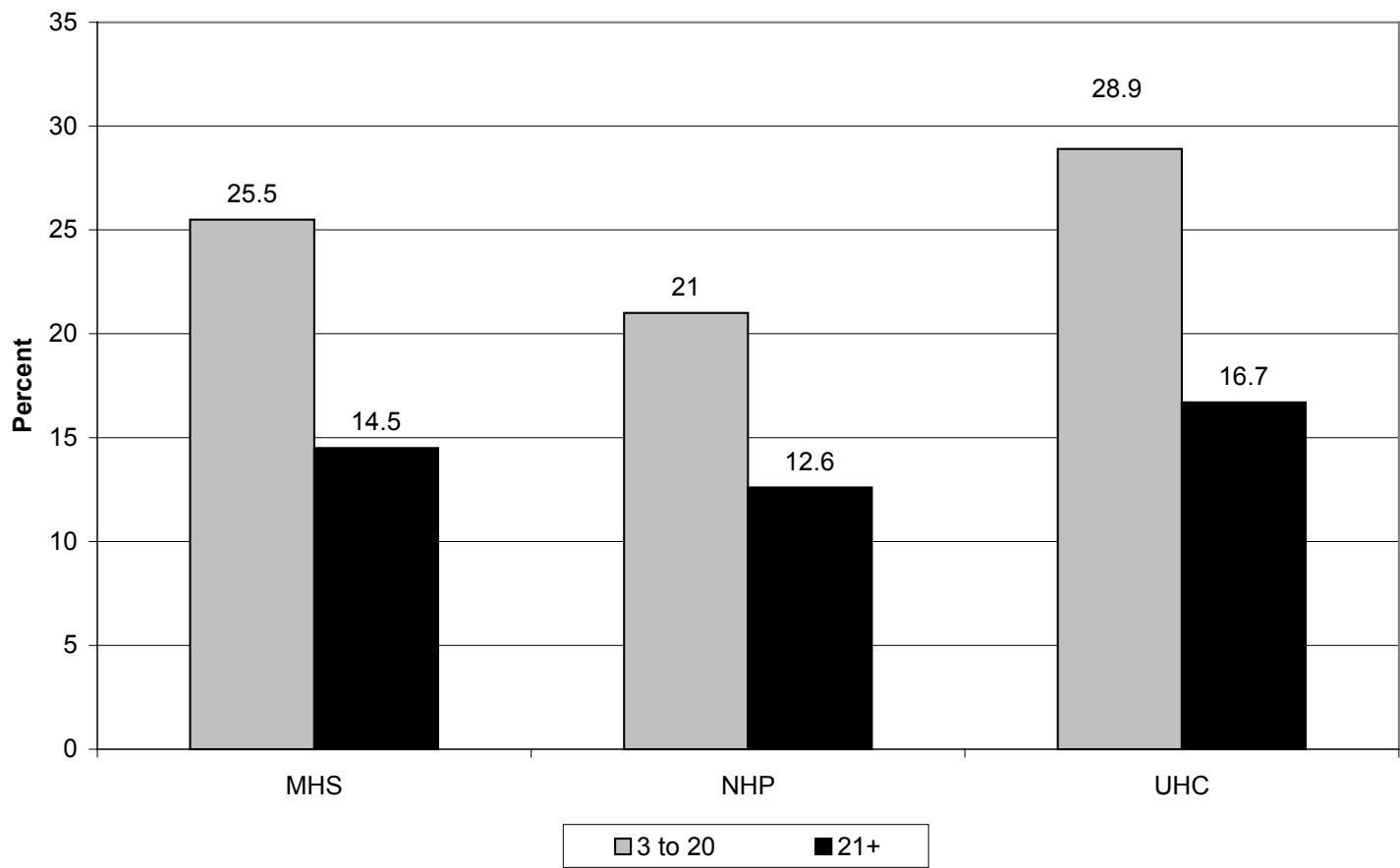


Group Health Cooperative-South Central (GHC) and Valley Health Plan (VHP) each had fewer than 30 enrollees in the denominator for one and two-year-olds in this measure and for that reason do not have values shown. The average blood lead testing rate across all HMOs was 66.9 percent in the one year old age group and 52.2 percent for two year olds. Please refer to p. 8 for a key to the HMO abbreviations.

# Dental (Preventive) Services

Targeted performance improvement measure

MEDDIC-MS 2002, Dental Preventive Care, HMO-specific data

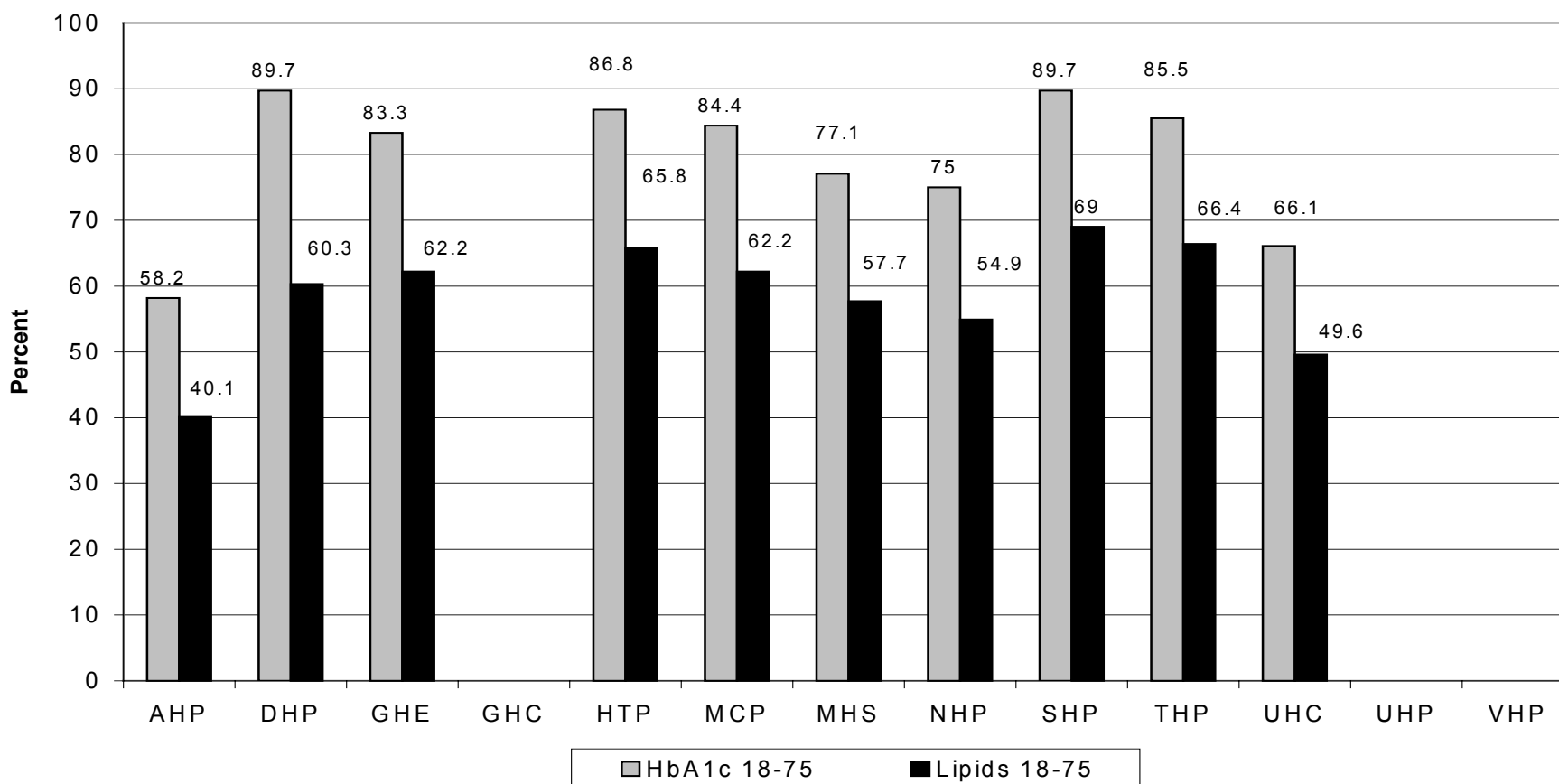


Note: Three of thirteen participating HMOs provide dental care under their Medicaid/BadgerCare contract. Please refer to p. 8 for a key to the HMO abbreviations.

## Diabetes care

Targeted performance improvement measure

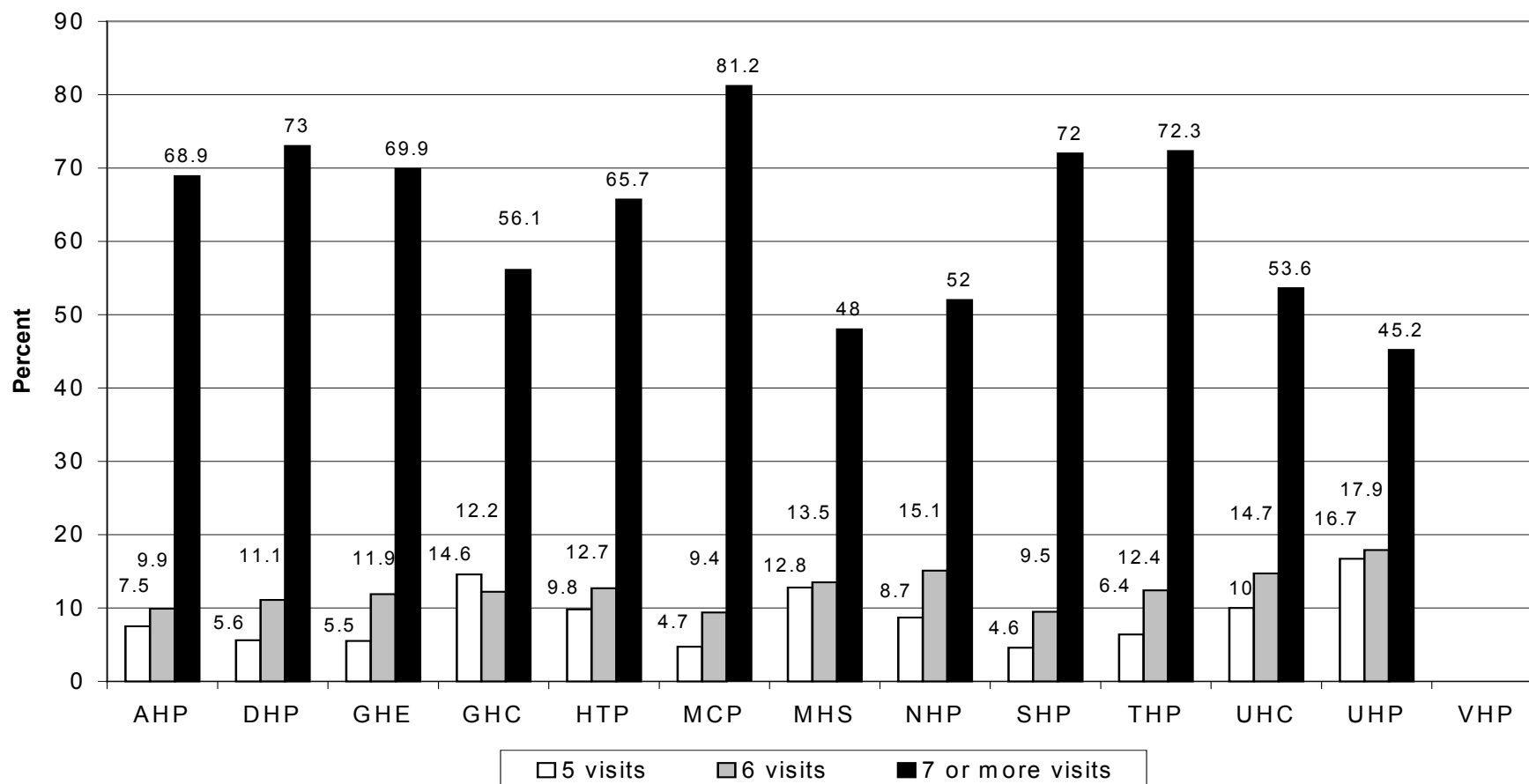
MEDDIC-MS 2002, Diabetes Care, HMO-Specific Data



Three HMOs had fewer than 30 enrollees in the denominator and so do not have results included in the chart. The birth to age 17 years age cohort is not reported by individual HMO due to very small denominator numbers. Overall HMO average rate for hemoglobin A1c (HbA1c) was 74.8 percent; the average rate 55.5 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# EPSDT (HealthCheck) comprehensive well-child exams

MEDDIC-MS 2002, EPSDT (HealthCheck) visits by age 2 years, HMO-specific data

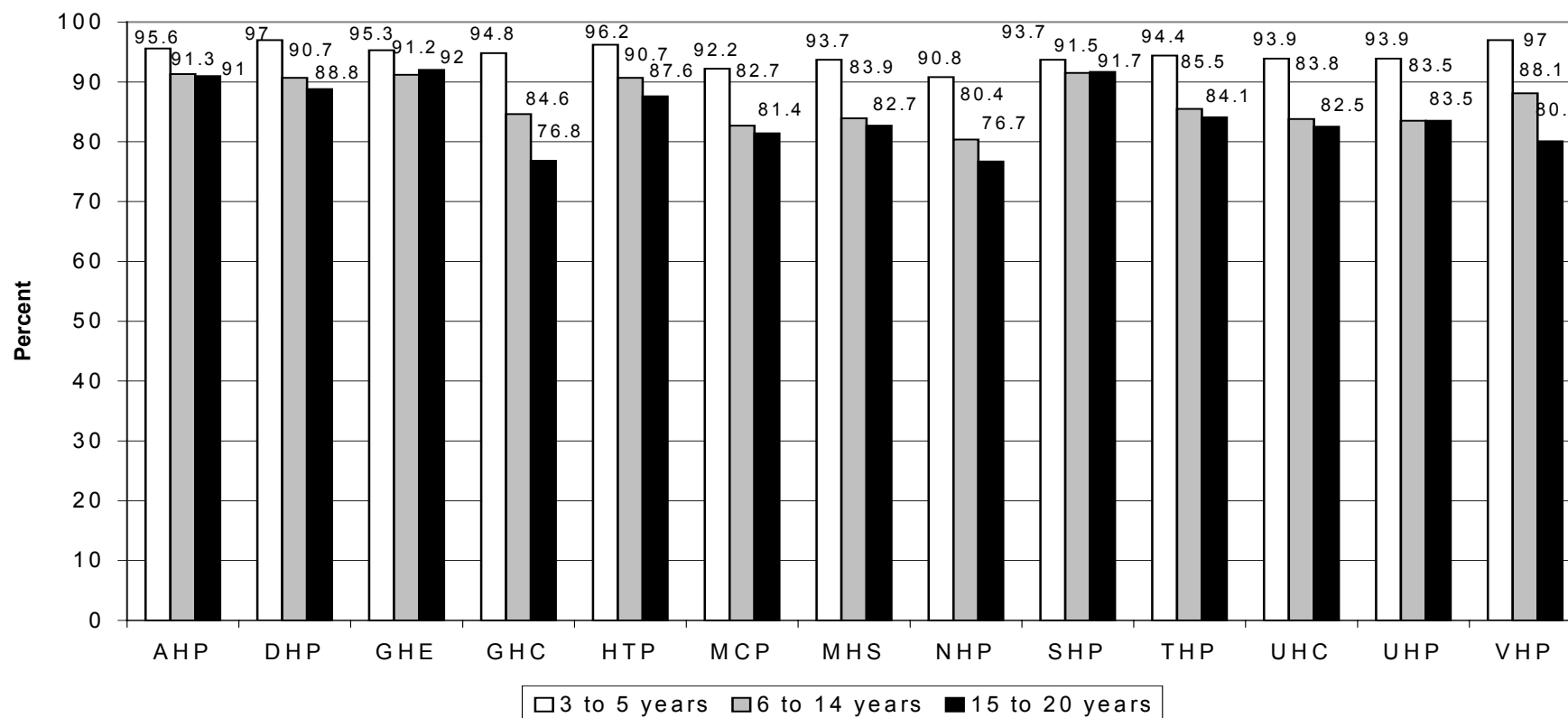


The average rate of children up to age two years with 7 or more HealthCheck exams across all HMOs was 57.7 percent. For children with 6 exams, the average rate was 13 percent and for 5 exams, it was 9.5 percent. Approximately 19.8 percent of children had fewer than five exams by age two years.

One HMO, Valley Health Plan (VHP) had fewer than 30 enrollees in the denominator, so the individual HMO rate is not shown. Please refer to p. 8 for a key to the HMO abbreviations.

## EPSDT (HealthCheck) comprehensive well-child exams (continued)

MEDDIC-MS 2002, EPSDT (HealthCheck) visits, Children with at least one in look-back period, by age, HMO-specific



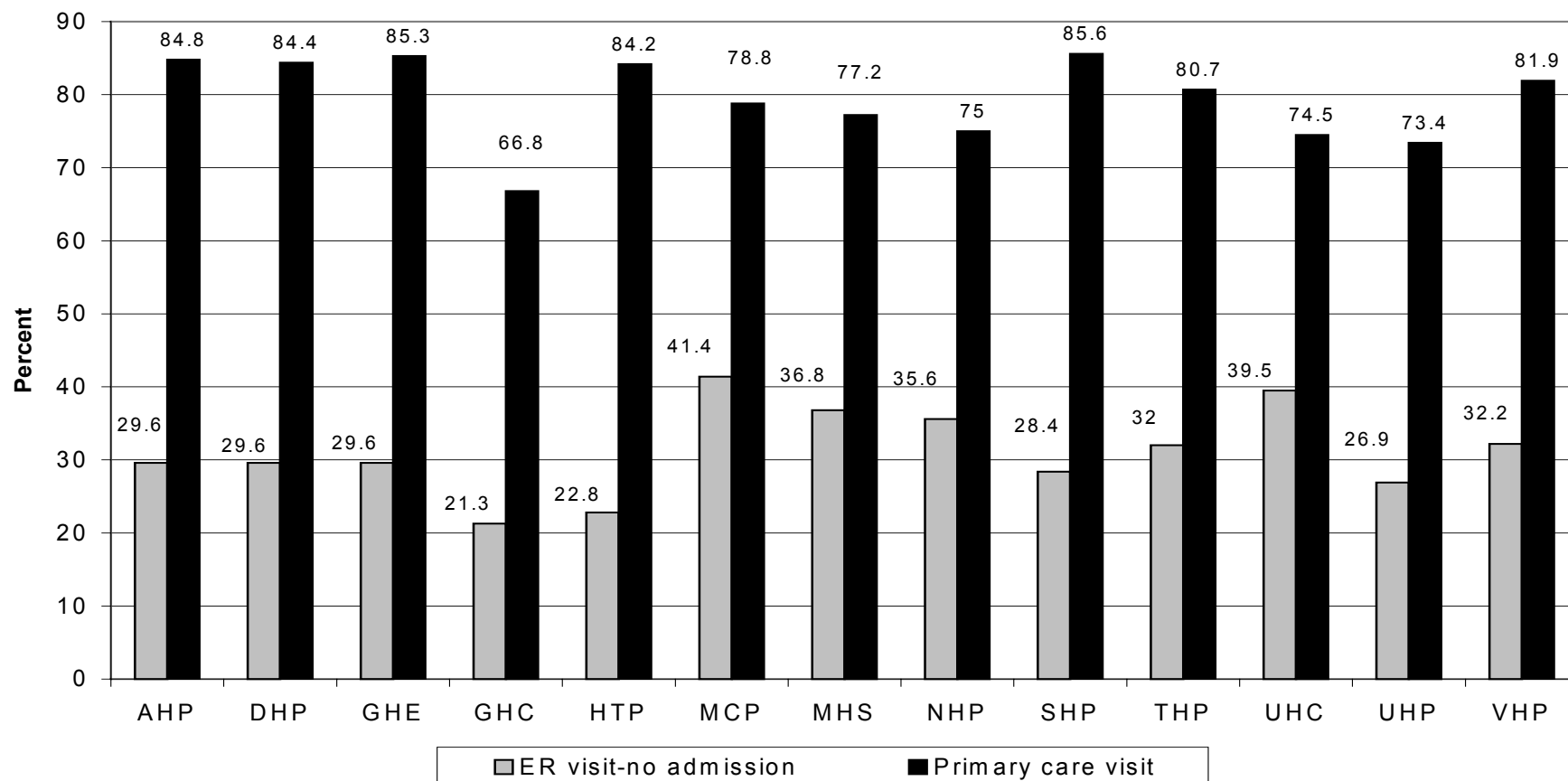
The average rate for children age 3-5 years with at least one HealthCheck exam in the look-back period was 92.6 percent across all HMOs. For children age 6-14 years, it was 84.6 percent and for children age 15-20 years it was 84.1%. Please refer to p. 8 for a key to the HMO abbreviations.



# General and Specialty care-outpatient

Monitoring measure

MEDDIC-MS 2002, General & Specialty Outpatient care, HMO-Specific

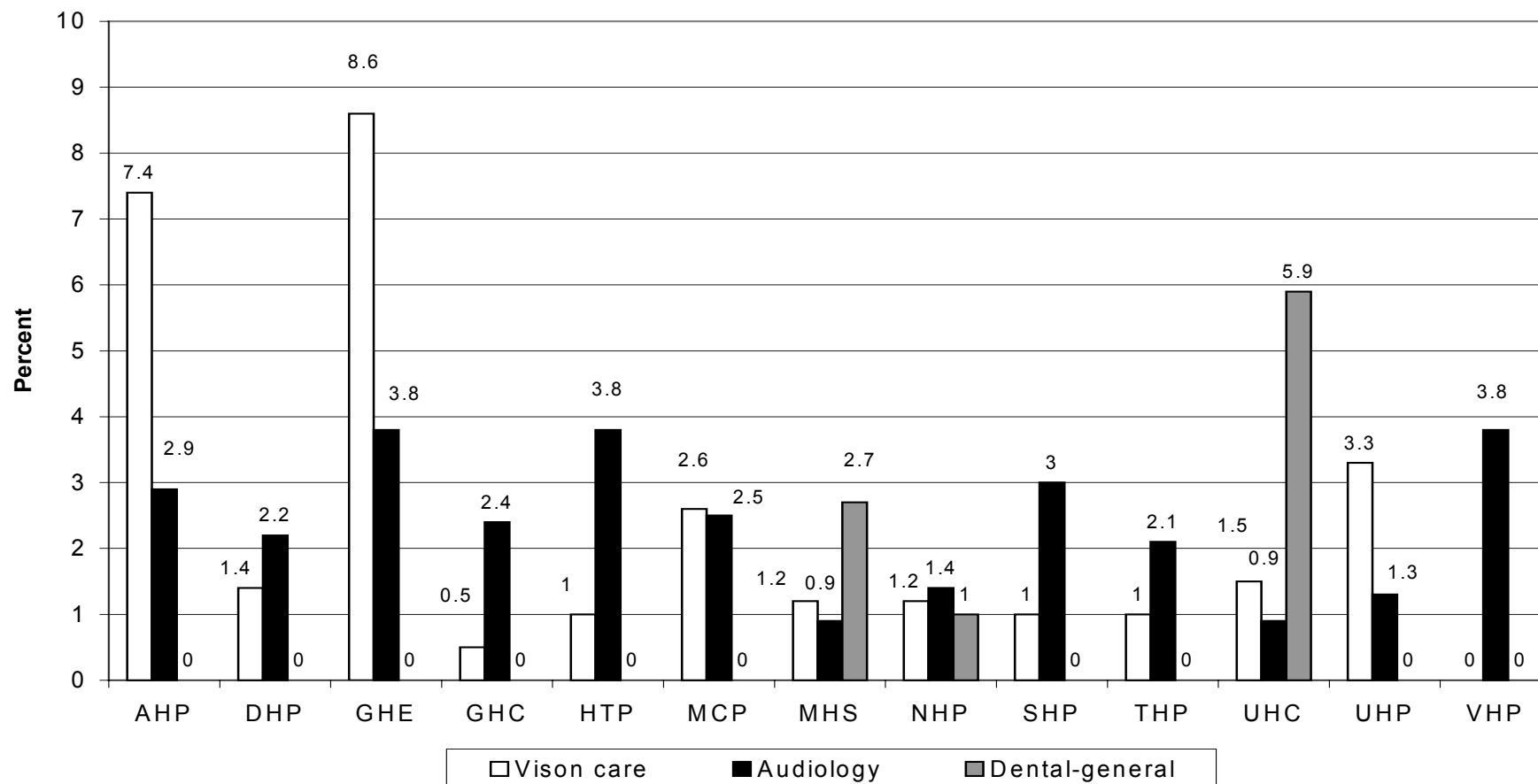


The average rate for emergency room/department (ER) visits with no admission was 35.9 percent. Average rate for primary care visits was 78.5 percent. Measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Please refer to p. 8 for a key to the HMO abbreviations.

# General and Specialty care-outpatient (continued)

Monitoring measure

MEDDIC-MS 2002, General & Specialty Outpatient Care, HMO-Specific

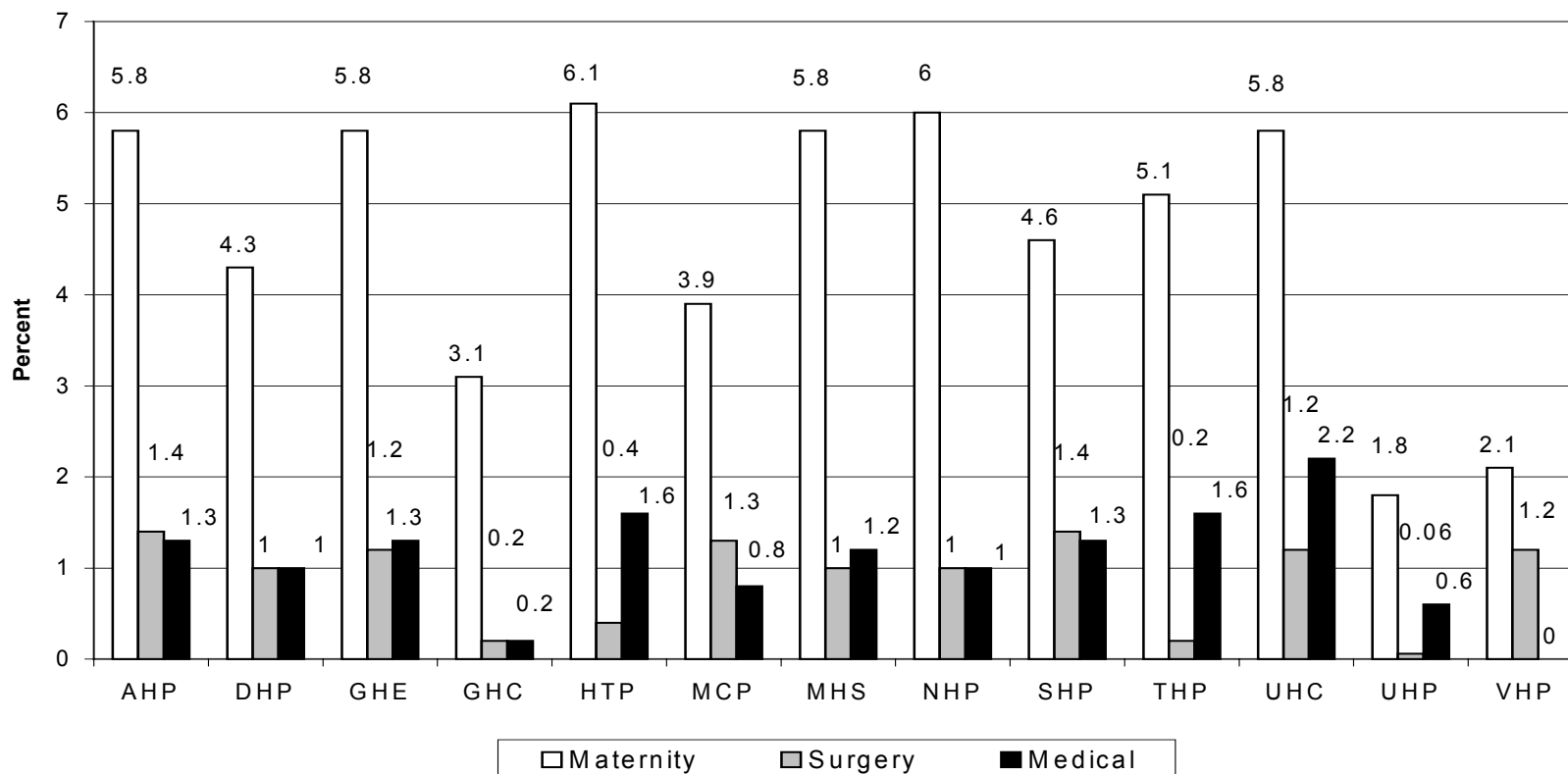


HMO average for vision care was 2.1 percent, for audiology it was 1.6 percent and for dental care, 2.4 percent. Measure reflects unduplicated enrollees with at least one encounter of each type in the look-back period. Three HMOs--MHS, NHP and UHC--provide dental services under their contract; other HMOs do not provide dental. Please refer to p. 8 for a key to the HMO abbreviations.

# General and Specialty care-inpatient

Monitoring measure

MEDDIC-MS 2002, General & Specialty care-Inpatient, HMO-specific

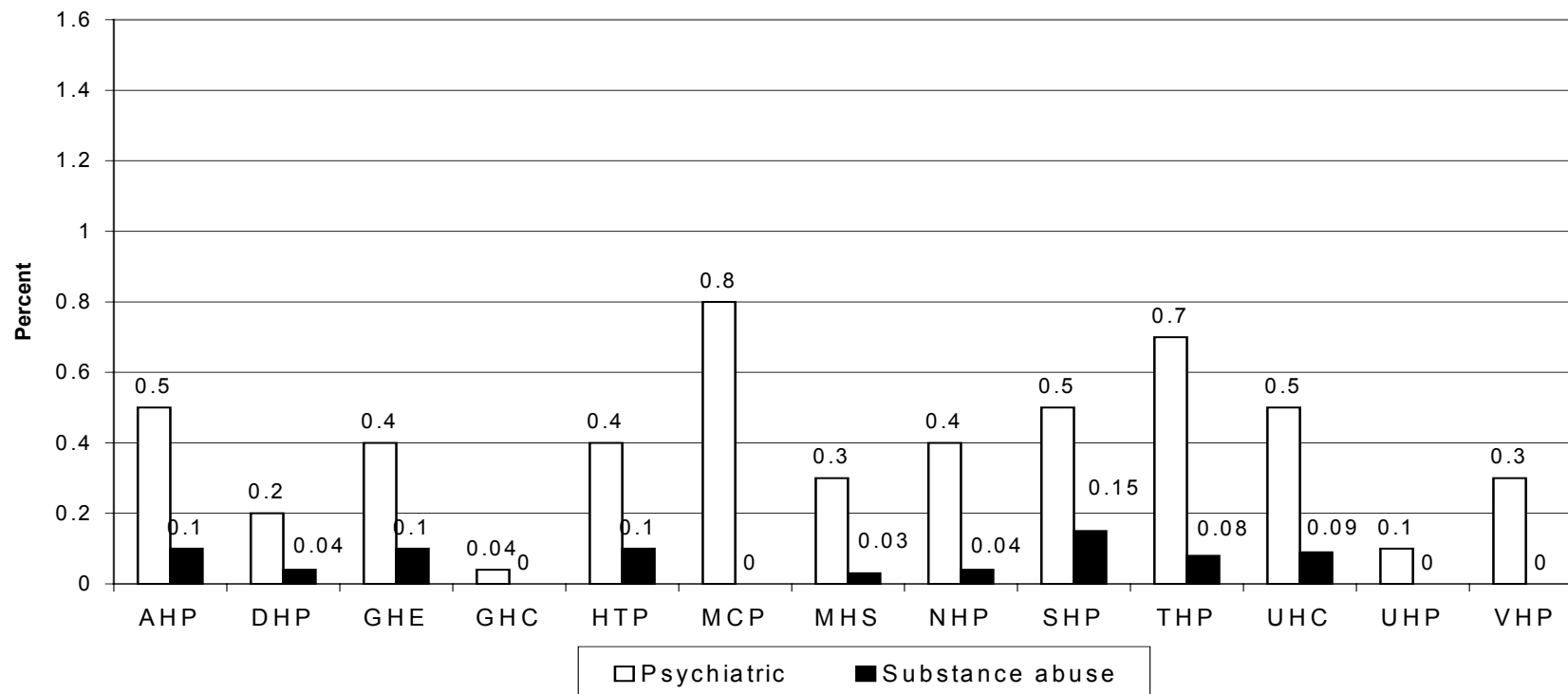


The program-wide HMO average for maternity care was 5.5 percent, 1.1 percent for surgical inpatient care, and 1.4 percent for inpatient medical care.

# General and Specialty care-inpatient

Monitoring measure

**MEDDIC-MS 2002, General & Specialty Inpatient Care, HMO-Specific  
(Continued)**

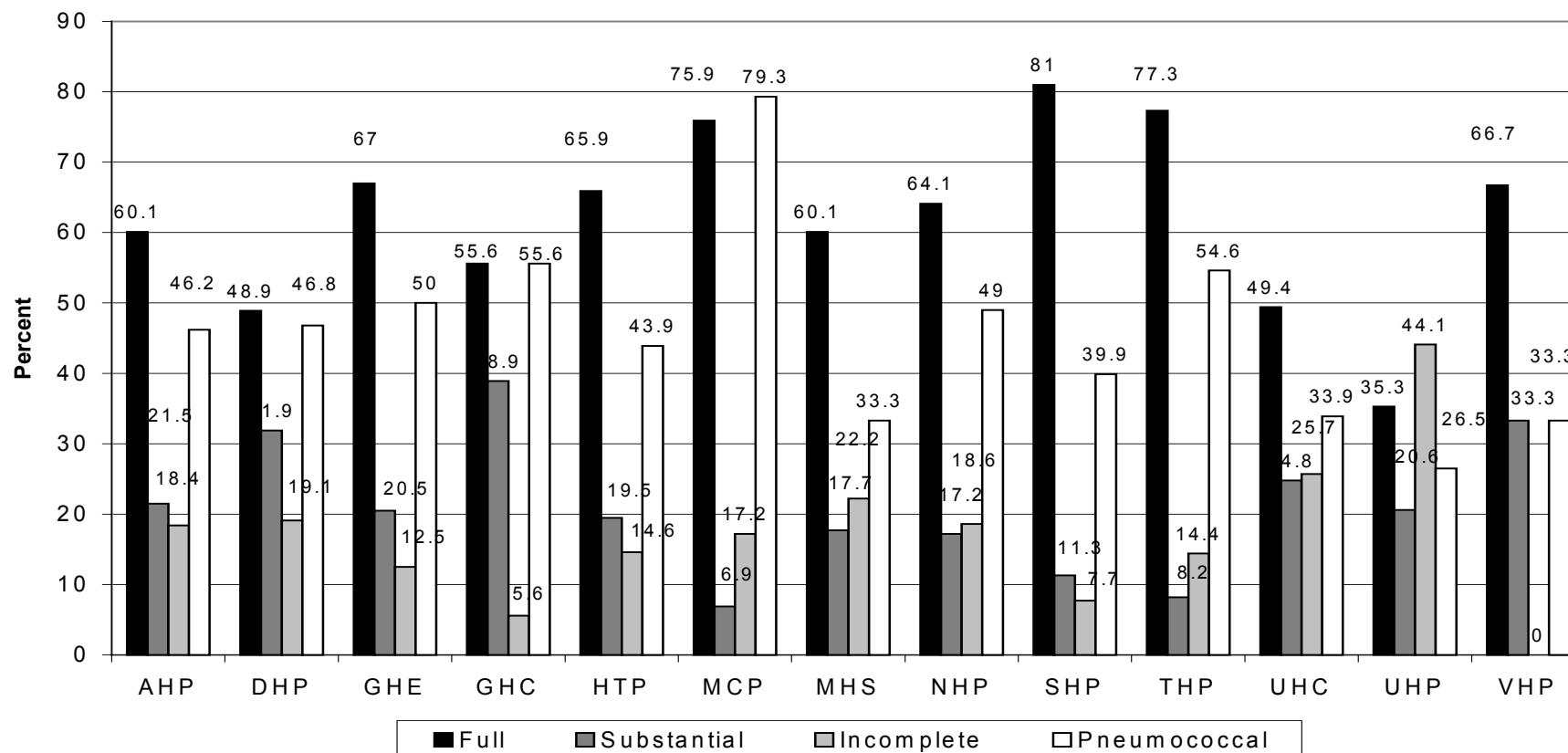


The program-wide HMO average for inpatient psychiatric care was 0.4 percent and was 0.1 percent for inpatient substance abuse care.

# Immunizations for children

Targeted performance improvement measure

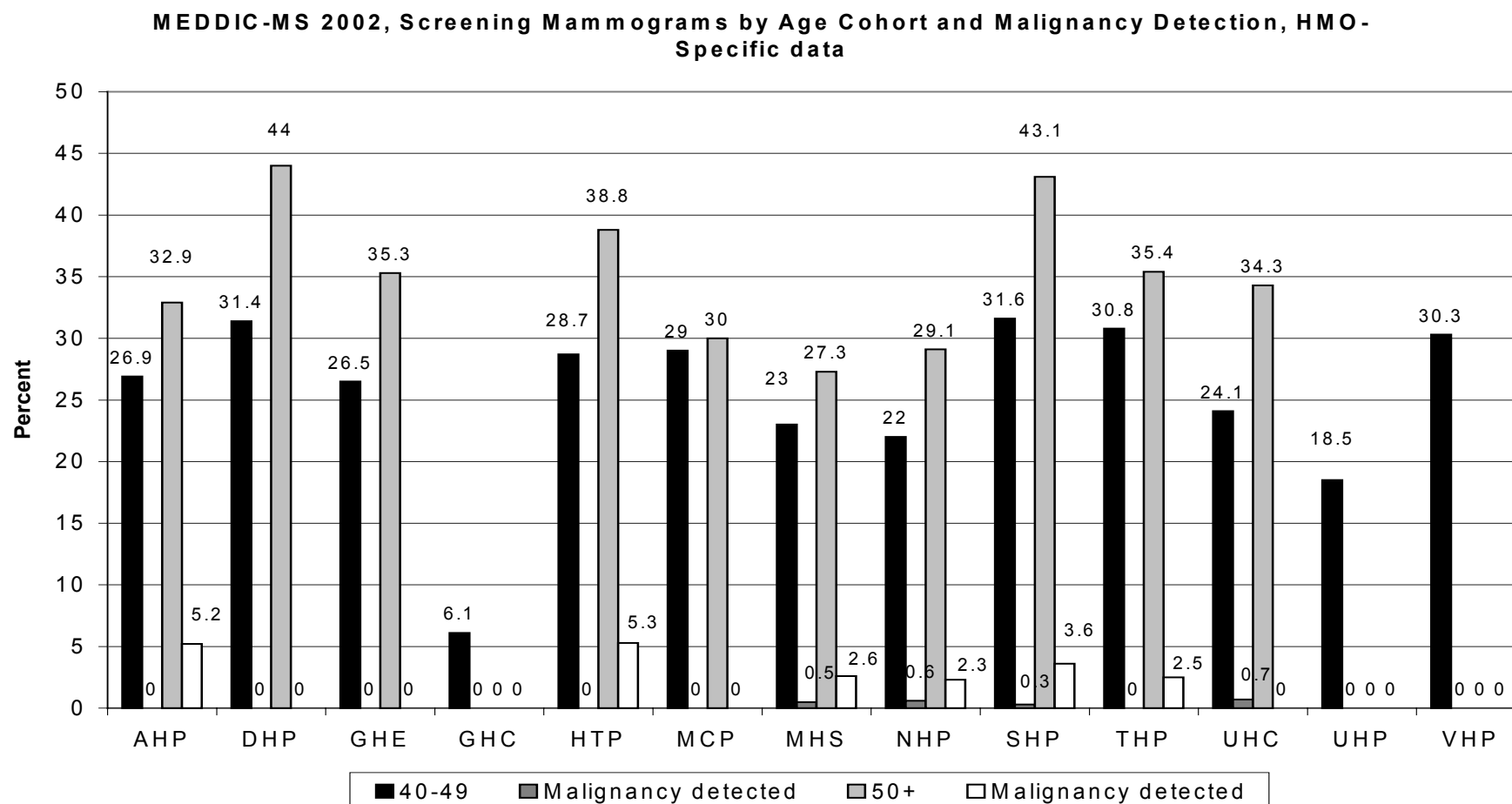
MEDDIC-MS 2002, Childhood Immunization Status, HMO-Specific



The overall HMO average for full immunization status was 60.6 percent. The average for substantial immunization status was 19.3 percent and the average for incomplete immunization status was 20 percent. The average for the pneumococcal vaccination status was 40 percent. The pneumococcal vaccine is tracked as a monitoring measure. Please refer to p. 8 for a key to the HMO abbreviations.

# Mammography (screening) and Malignancy Detection

Monitoring measure

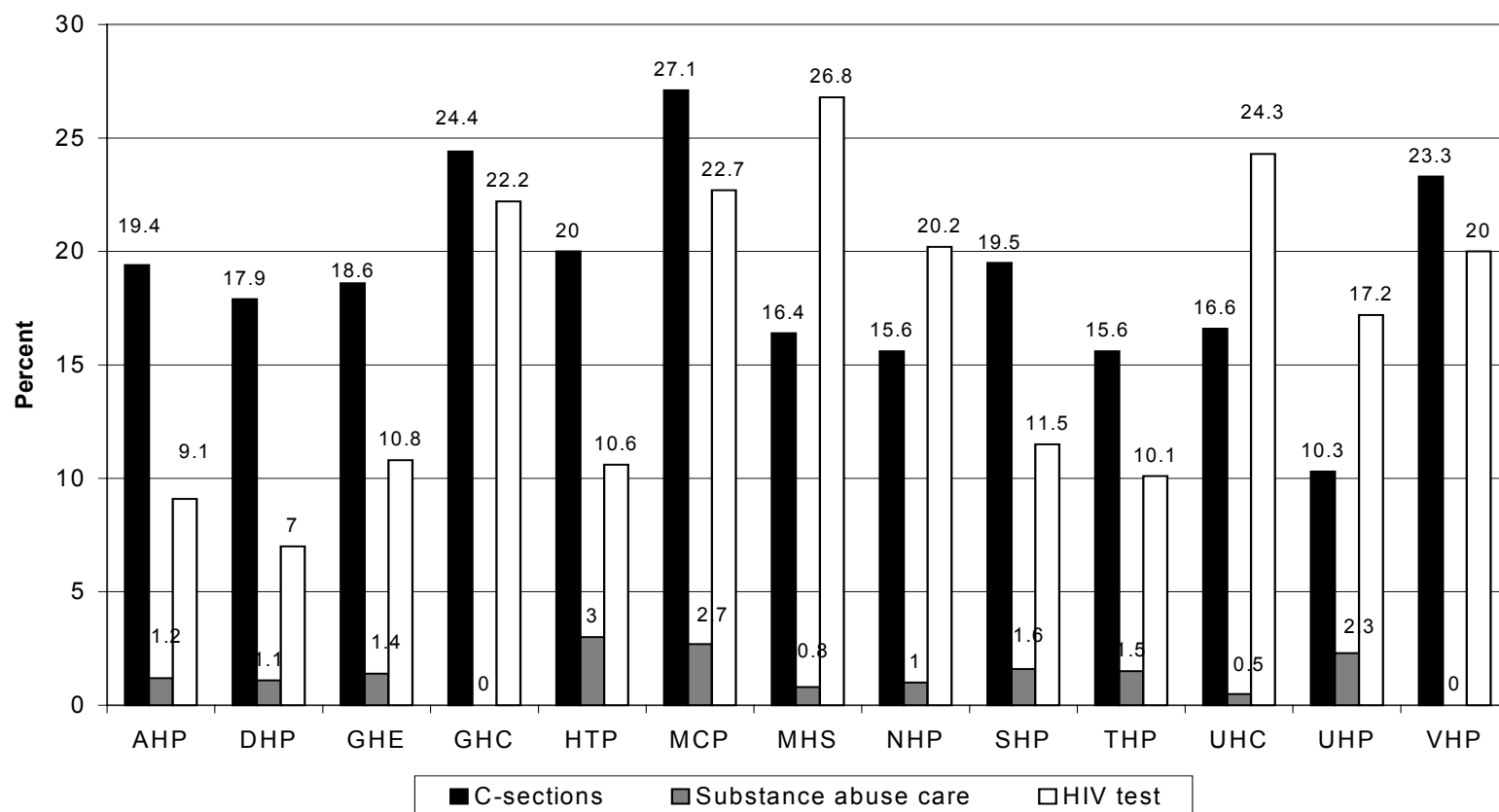


The average HMO screening mammography rate in the 40-49 years age cohort was 25.4 percent, with an average malignancy detection rate of 0.09 percent. The average rate in the 50+ years age cohort was 32.7 percent with a 0.7 percent detection rate. Three HMOs had a denominator smaller than 30 enrollees in the 50+ years age cohort and therefore have no rate reported. They are VHP, UHP and GHC. Please refer to p. 8 for a key to the HMO abbreviations.

# Maternity/perinatal Care

Monitoring measure

MEDDIC-MS 2002, Maternity/perinatal care, HMO-Specific

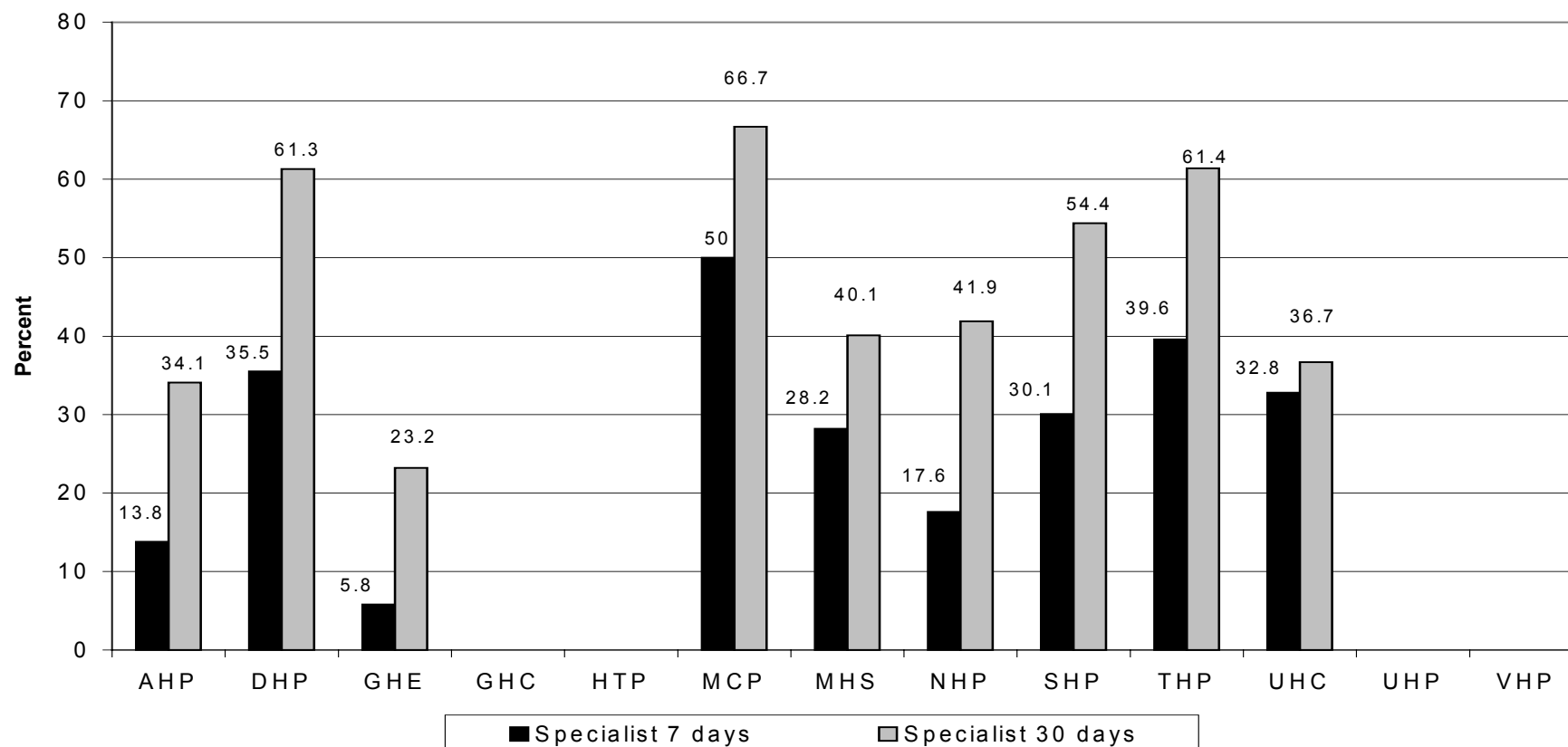


The HMO average Cesarean section rate was 17.2 percent. The average rate for substance abuse care in the perinatal period was 1.0 percent and the average rate for voluntary HIV testing was 19.9 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge

Targeted Performance Improvement Measure

MEDDIC-MS 2002, MH/SA follow-up care at 7 & 30 days by a Specialist, All Ages, HMO - Specific



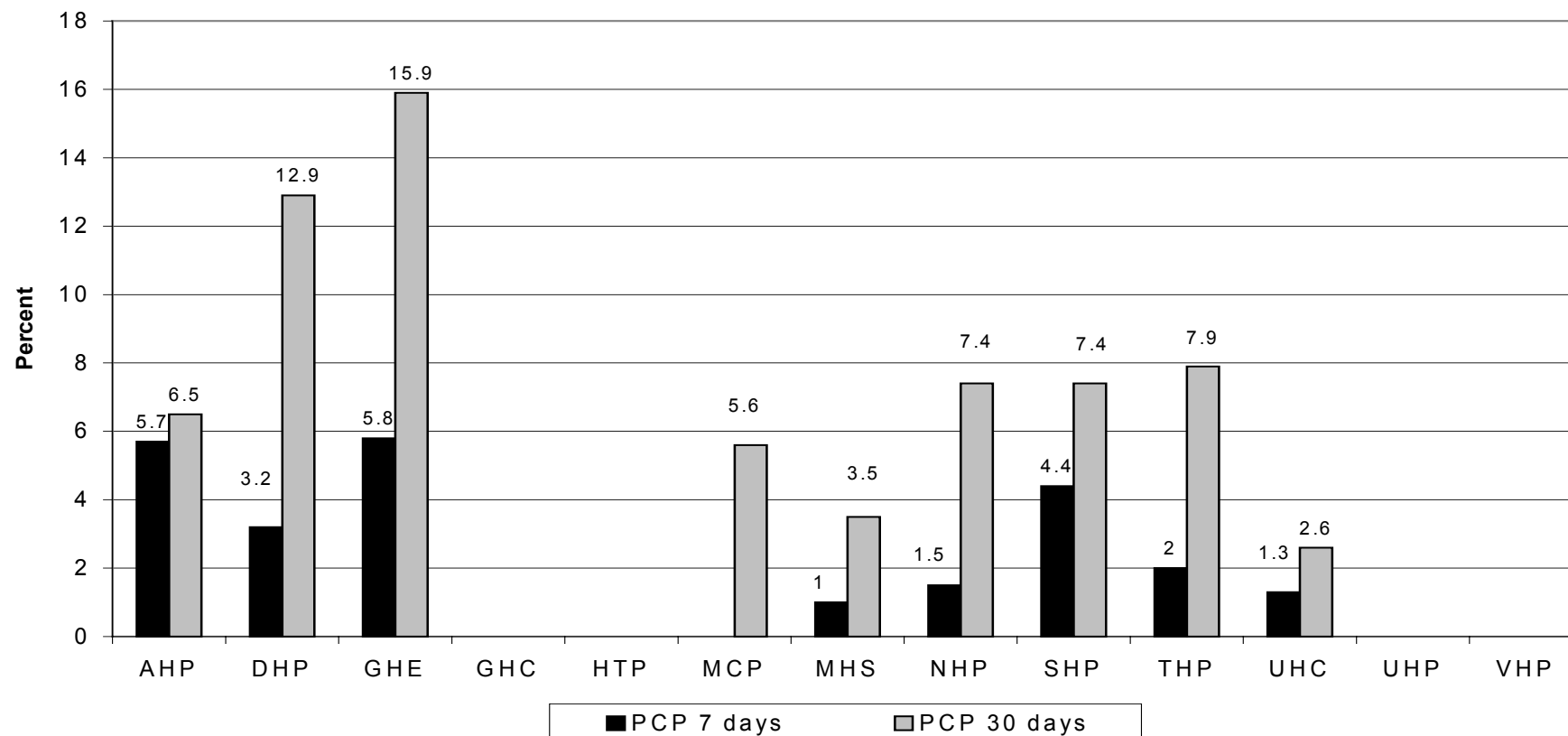
The HMO average for mental health or substance abuse follow-up care by a specialist for all ages within 7 days of inpatient discharge was 27.0 percent; for follow-up at 30 days it was 43.2 percent. Four HMOs (GHC, HTP, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations.



# Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

MEDDIC-MS 2002, Mental Health/Substance Abuse Follow-up care by PCP, all ages, HMO-Specific

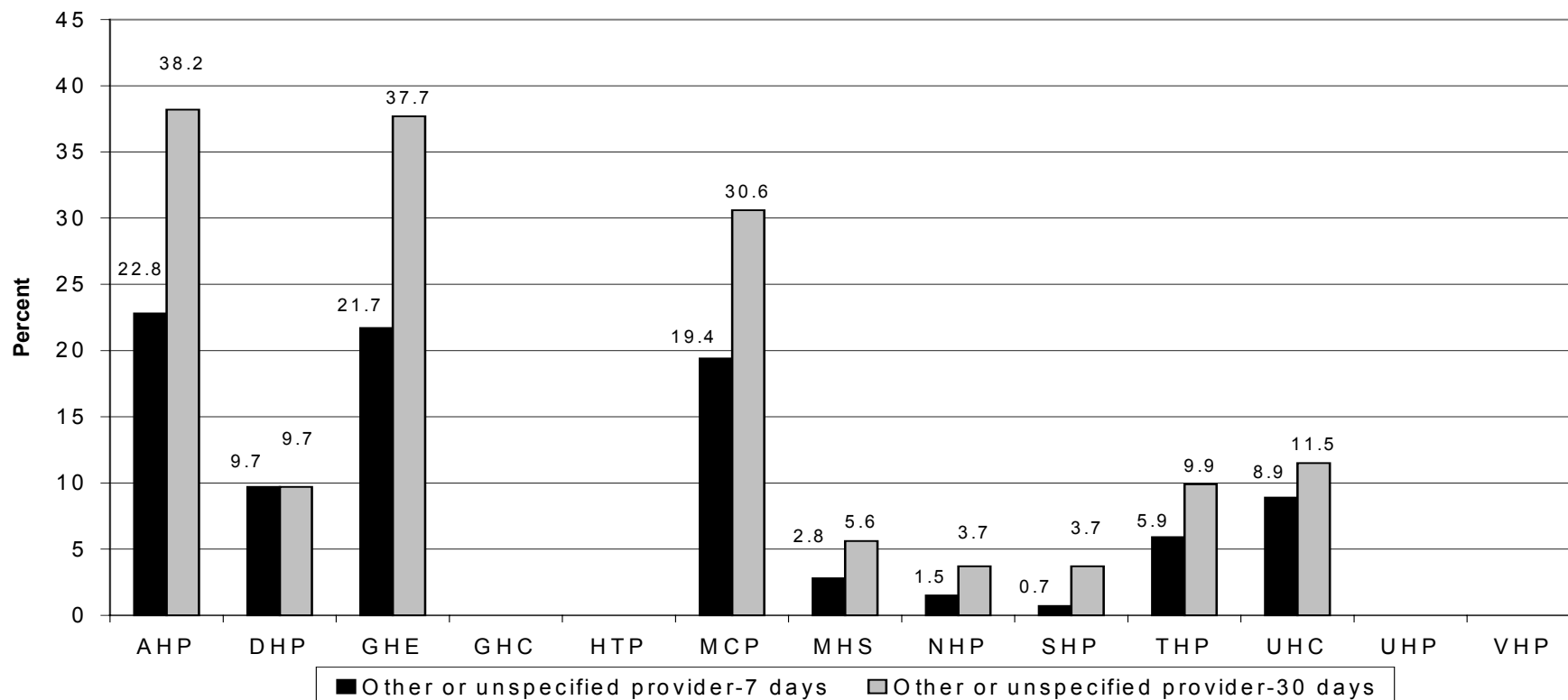


The HMO average for follow-up care by a primary care provider (PCP) at 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 2.3 percent for all ages combined. The average for follow-up at 30 days by a PCP for all ages was 5.5 percent. Four HMOs (GHC, HTP, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA) follow-up care Within 7 and 30 days of inpatient discharge (continued)

Targeted Performance Improvement Measure

MEDDIC-MS 2002, Mental Health/Substance Abuse Follow-up care by Other or Unspecified  
Provider, All Ages, HMO-Specific

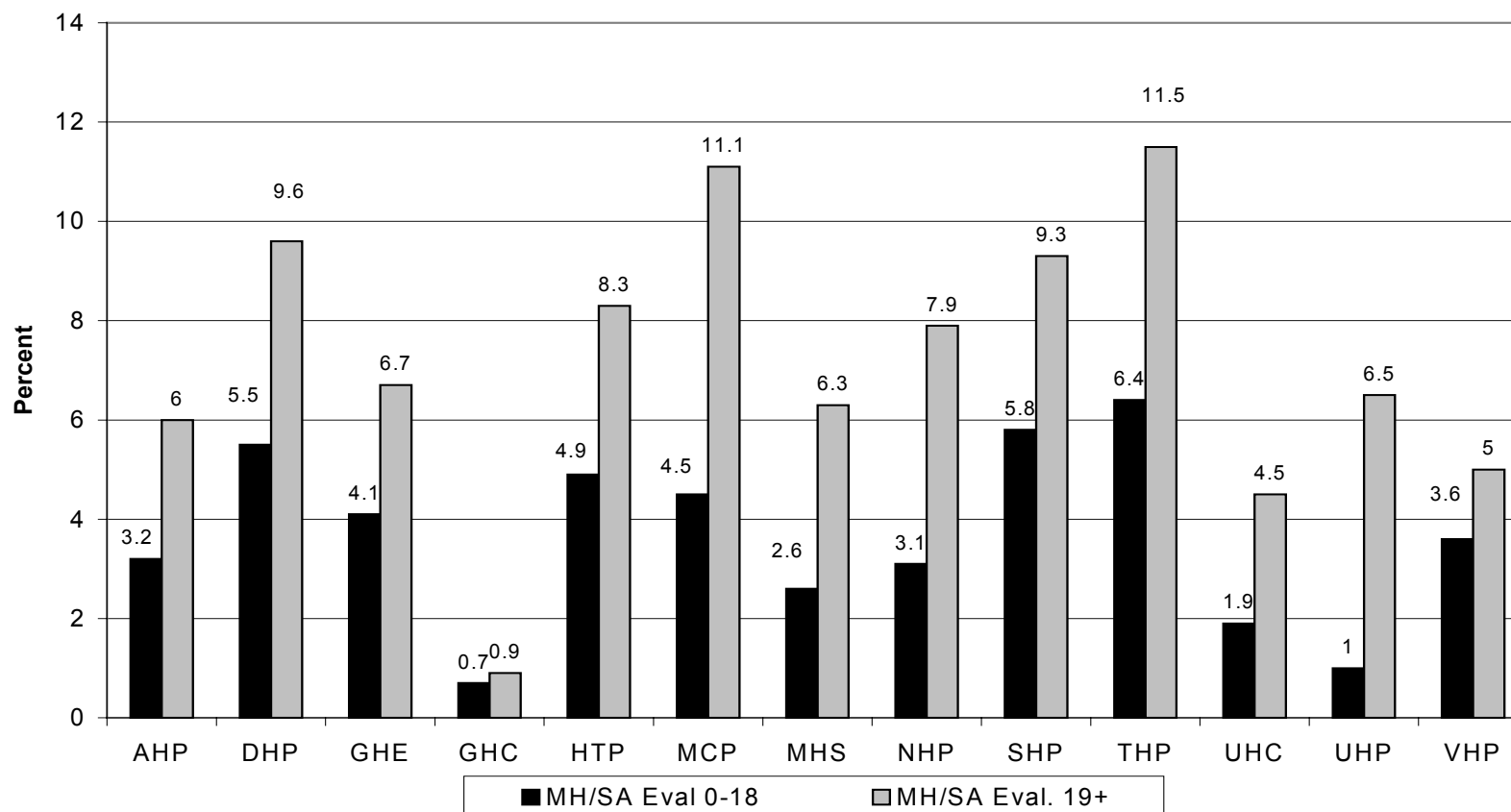


The HMO average for follow-up care by an "other" or "unspecified" provider at 7 days post-discharge from inpatient care for mental health or substance abuse diagnoses was 7.9 percent for all ages combined. The average for follow-up at 30 days for all ages was 13.6 percent. Four HMOs (GHC, HTP, UHP and VHP) had denominators with fewer than 30 enrollees and are not reported individually. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA)-evaluations and outpatient care

Monitoring Measure

MEDDIC-MS 2002, MH/SA Evaluations, by age Cohort, HMO-Specific

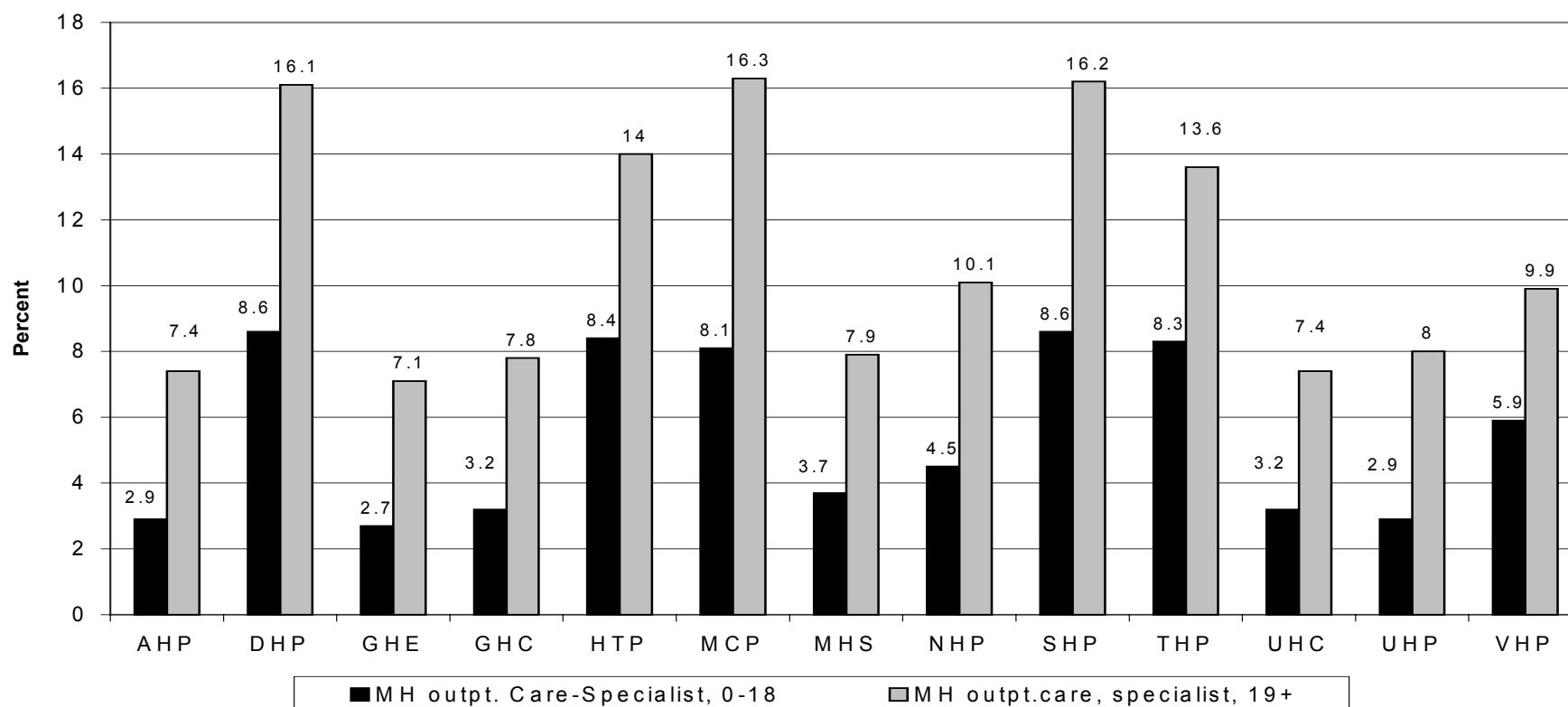


The average rate of mental health/substance abuse evaluations for all ages across all HMOs in Medicaid and BadgerCare was 4.3 percent. The average rate for age 0-18 years age group was 3.1 percent; the average for the 19+ years age group was 6.7 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

MEDDIC-MS 2002, Mental Health Specialist Outpatient Care, by age Cohort, HMO-Specific

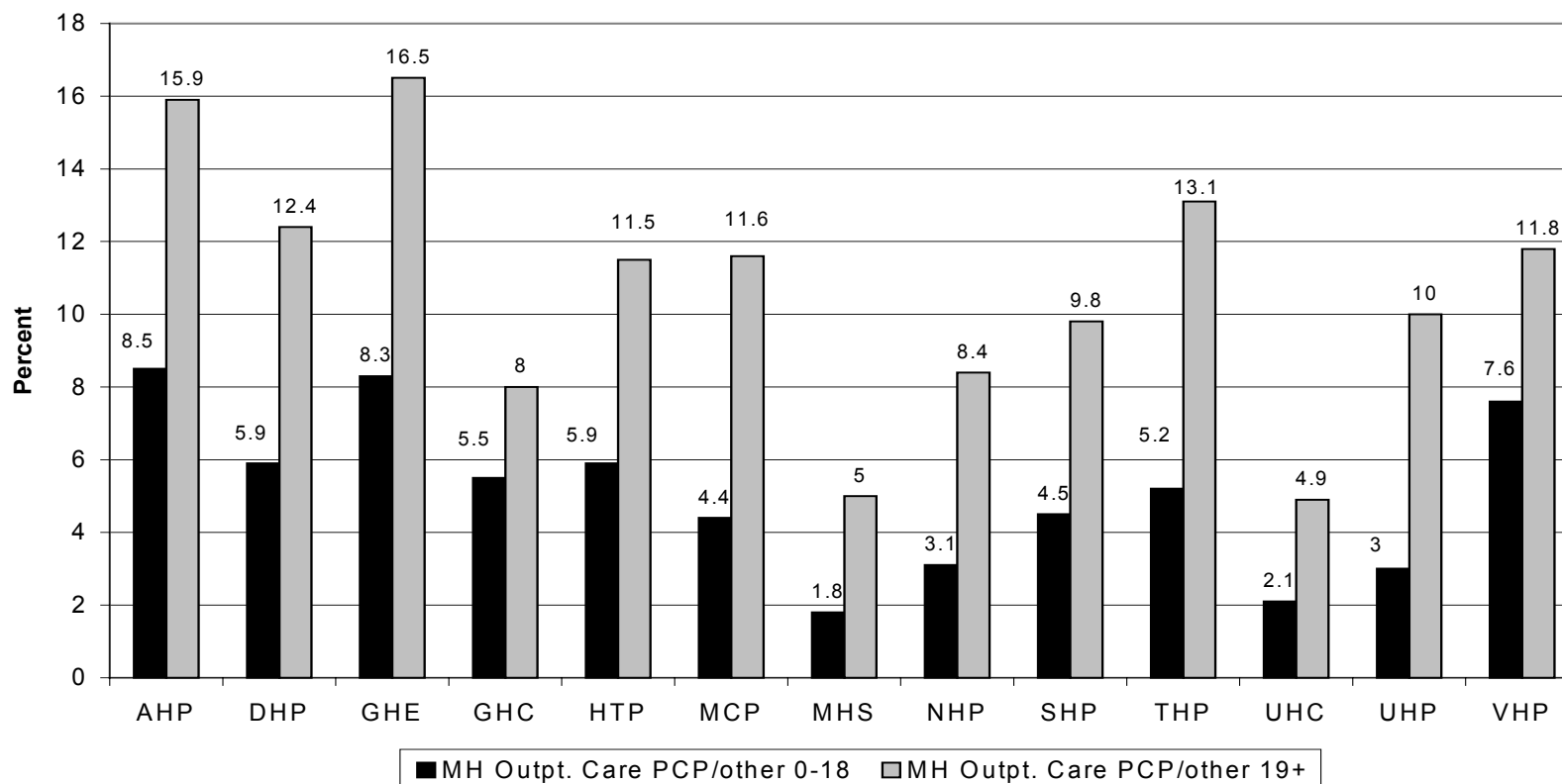


The average rate of mental health outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 6.1 percent. The average rate of mental health outpatient care by a specialist for the 0-18 years of age group was 4.4 percent; the average rate for the 19+ year age group was 9.5 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

MEDDIC-MS 2002, Mental Health Outpatient care by PCP/other providers, by age Cohort, HMO-Specific

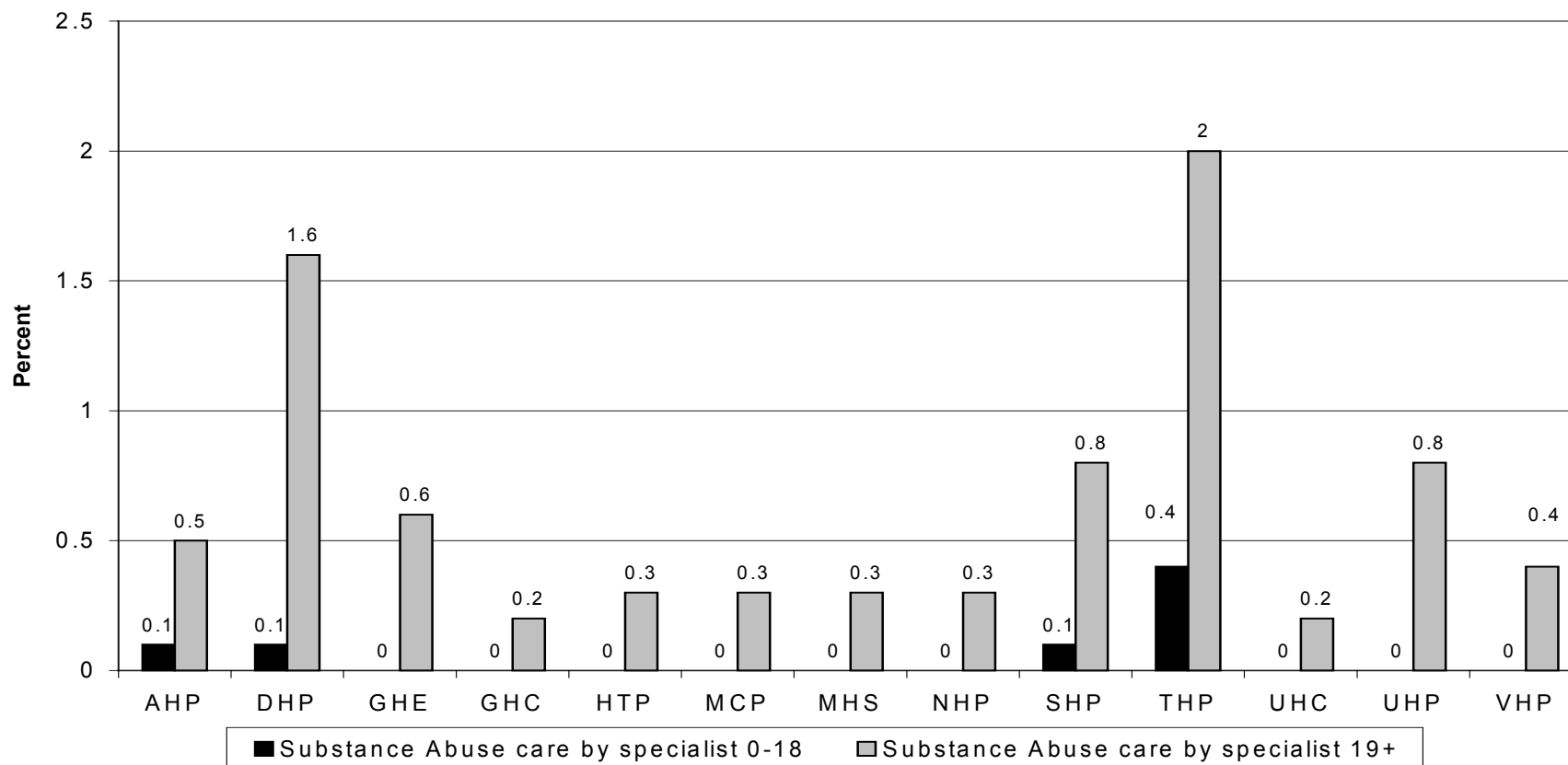


The average rate of mental health outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 5.0 percent. The average rate of mental health outpatient care by a PCP or other provider for the 0-18 years of age group was 3.5 percent; the average rate for the 19+ year age group was 8.4 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse (MH/SA)-evaluations and outpatient care (continued)

Monitoring Measure

MEDDIC-MS 2002, Substance Abuse Specialist Outpatient Care, by age Cohort, HMO-Specific

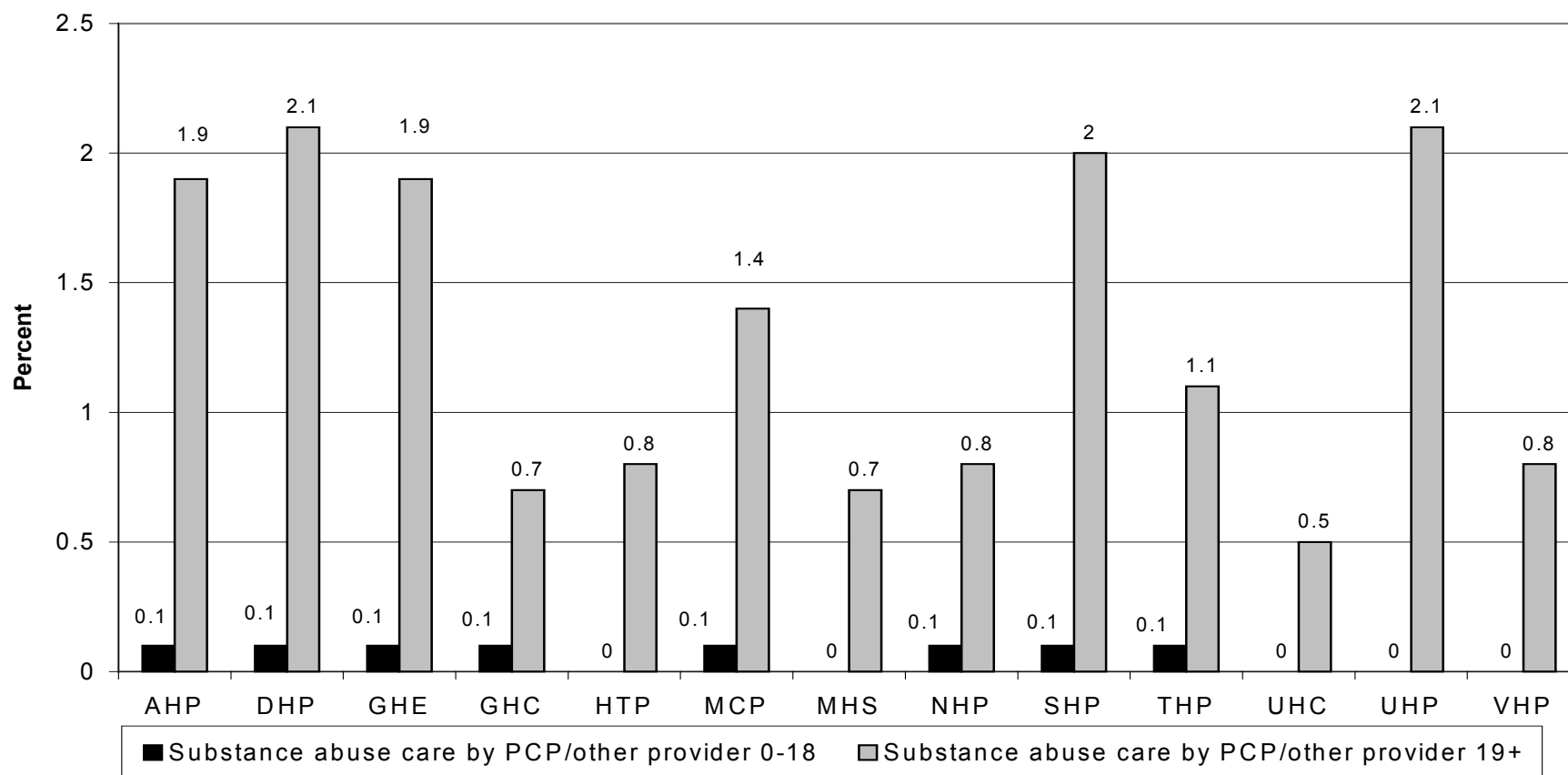


The average rate of substance abuse outpatient care by a specialist for all ages across all HMOs in Medicaid and BadgerCare was 0.2 percent. The average rate of substance abuse outpatient care by a specialist for the 0-18 years of age group was 0.04 percent; the average rate for the 19+ year age group was 0.5 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Mental health/substance abuse-evaluations and outpatient care (continued)

Monitoring Measure

**MEDDIC-MS 2002, Substance Abuse Outpatient Care by PCP/other provider, by age Cohort,  
HMO-Specific**

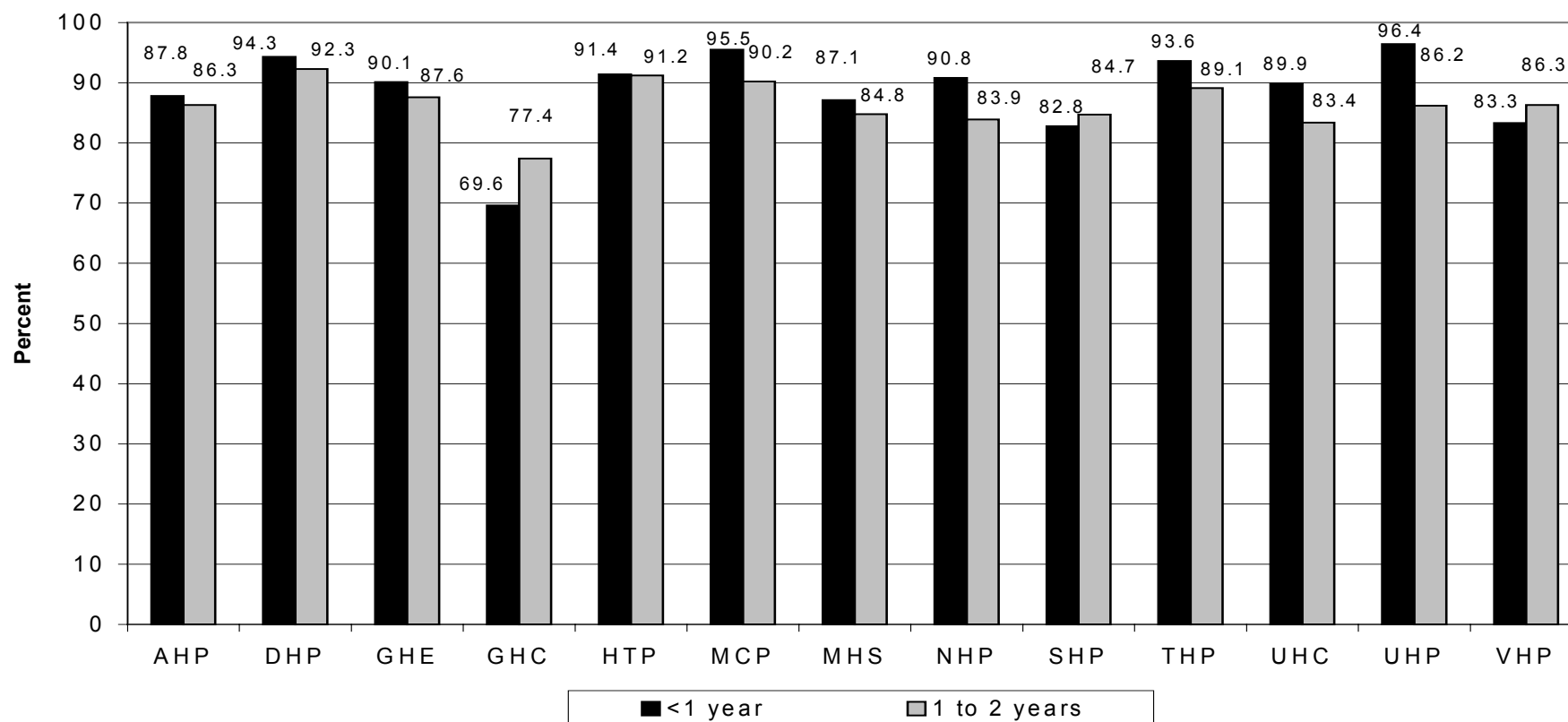


The average rate of substance abuse outpatient care by a primary care provider (PCP) or other (unspecified) provider for all ages across all HMOs in Medicaid and BadgerCare was 0.4 percent. The average rate of substance abuse outpatient care by a PCP/other provider for the 0-18 years of age group was 0.05 percent; the average rate for the 19+ year age group was 1.0 percent. Please refer to p. 8 for a key to the HMO abbreviations.

## Non-HealthCheck Well-child Care

Monitoring measure

**MEDDIC-MS 2002, Children with at least one Non-HealthCheck well-child visit in look-back period, birth to age 2 years, HMO-Specific**



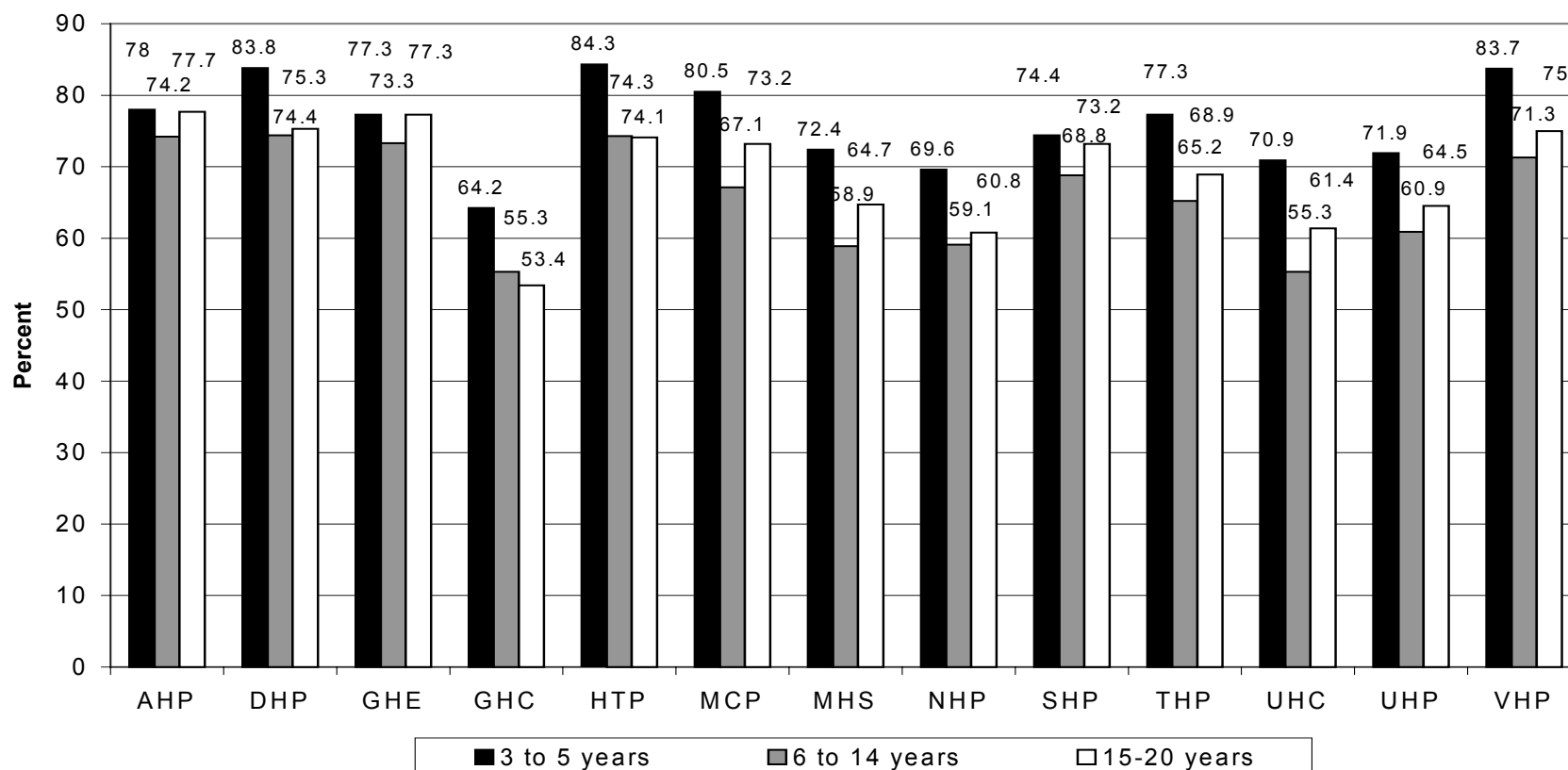
The average rate of provision of at least one non-HealthCheck well-child visit for children under age one year across all HMOs in Medicaid and BadgerCare was 88.8 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age one to two years across all HMOs in Medicaid and BadgerCare was 85.3 percent. Please refer to p. 8 for a key to the HMO abbreviations.



# Non-HealthCheck Well-child Care (continued)

Monitoring measure

MEDDIC-MS 2002, Children with at least one Non-HealthCheck Well-child visit in the look-back period, age 3-21, HMO-Specific

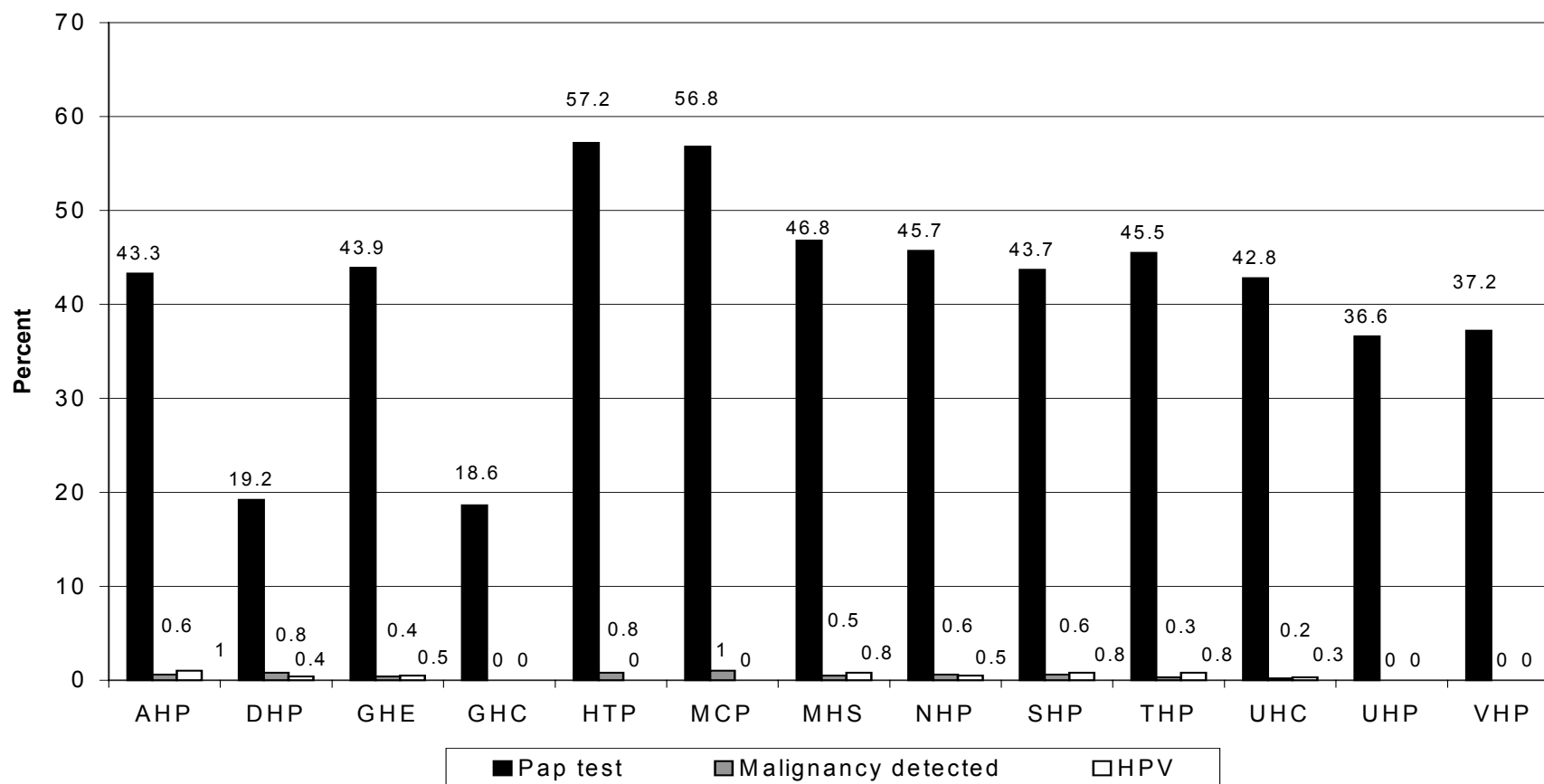


The average rate of provision of at least one non-HealthCheck well-child visit for children age 3 to 5 years across all HMOs in Medicaid and BadgerCare was 73.5 percent. The average rate of provision of at least one non-HealthCheck well-child visit for children age 6 to 14 years across all HMOs in Medicaid and BadgerCare was 61.7 percent. For children age 15-20 years of age, the rate was 66.5 percent. Please refer to p. 8 for a key to the HMO abbreviations.

# Pap Tests-Cervical Cancer Screening

Monitoring measure

MEDDIC-MS 2002, Pap tests, Malignancies detected, HPV detected, HMO-Specific data



The average rate of provision of Pap tests across all HMOs in Medicaid and BadgerCare for women age 18-65 years was 43.9 percent. The rate of detection of cervical malignancies was 0.5 percent and the rate of detection of human Papillomavirus (HPV) infections was 0.6 percent. Please refer to p. 8 for a key to the HMO abbreviations.

Other volumes in the MEDDIC-MS 2002 Data Book include:

Volume1--2002 HMO Aggregate Performance Data, Wisconsin Medicaid and BadgerCare Programs. This volume provides overall performance data for all HMOs combined and the Medicaid and BadgerCare programs combined.

Volume 2--2002 HMO Performance Data, Wisconsin Medicaid Program Data and BadgerCare Program Data Compared. This volume provides performance data on each measure on a program-specific basis.

To obtain copies of those reports, see the contact information below or visit the Wisconsin Medicaid Managed Care website at: <http://www.dhfs.state.wi.us/medicaid7/index.htm>.

For additional information, contact:

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